

EVEN START CHILD INTAKE FORM – FY2010

BASIC INFORMATION:

First Name: Last Name: Middle Initial:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth: <u> </u> / <u> </u> / <u> </u> MM DD YEAR	Ethnicity: <input type="checkbox"/> White (not of Hispanic Origin) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black (not of Hispanic Origin) <input type="checkbox"/> Cape Verdean <input type="checkbox"/> Haitian <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian Sub-Continent
Country of Birth:	Immigrant: <input type="checkbox"/> Yes <input type="checkbox"/> No
Intake Date: <u> </u> / <u> </u> / <u> </u> MM DD YEAR	Native Language:
Intaker Name:	Other Language(s):

CONTACT INFORMATION:

Address:	
City:	
State:	
Zip Code:	
Phone Number:	

Items in bold are required

EDUCATION:

Last Grade/Level Completed in US:	
Last Grade/Level Completed in Foreign Country:	
Formal educational experiences child had BEFORE enrolling in Even Start (Check all that apply)	<input type="checkbox"/> Infant/toddler program <input type="checkbox"/> Early intervention/early childhood special education (0-2.9) <input type="checkbox"/> Preschool (ages 3-4) <input type="checkbox"/> Head Start <input type="checkbox"/> Kindergarten <input type="checkbox"/> Primary school (grades 1 – 3) <input type="checkbox"/> Upper elementary (grades 4 – 6) <input type="checkbox"/> Special Education <input type="checkbox"/> Title I <input type="checkbox"/> None <input type="checkbox"/> Other – list _____
Special services WHILE ENROLLED in Even Start (Check all that apply)	<input type="checkbox"/> Early intervention/early childhood special education (0-2.9) <input type="checkbox"/> Special Education <input type="checkbox"/> Title I <input type="checkbox"/> None <input type="checkbox"/> Other – list _____

SCHEDULE: July 2010 - August 2010

Child Start Date:	
End Date:	
Start Time:	
Days of the Week:	Mon Tues Wed Thurs Fri Sat
Hours per Class:	
Child's Weeks this Year (Sept-June):	
<i>Hours Per Week: (calculated)</i>	<i>Class Hours Per Year: (calculated)</i>
Class Focus: for target child (select only 1)	<input type="checkbox"/> Infant Toddler – onsite <input type="checkbox"/> Kindergarten <input type="checkbox"/> Infant Toddler – offsite <input type="checkbox"/> Grade 1 <input type="checkbox"/> Preschool – Public School <input type="checkbox"/> Grade 2 <input type="checkbox"/> Preschool – onsite <input type="checkbox"/> Grade 3 <input type="checkbox"/> Preschool – Private <input type="checkbox"/> Grade 4 <input type="checkbox"/> Family Daycare <input type="checkbox"/> Grade 5 <input type="checkbox"/> Early Start <input type="checkbox"/> Grade 6 <input type="checkbox"/> Head Start

SCHEDULE: July 2010 - August 2010

Child Start Date:	
End Date:	
Start Time:	
Days of the Week:	Mon Tues Wed Thurs Fri Sat
Hours per Class:	
Child's Weeks this Year (July-Aug):	
<i>Hours Per Week (calculated)</i>	<i>Class Hours Per Year: (calculated)</i>
Class Focus: for target child (select only 1)	<input type="checkbox"/> Infant Toddler – onsite <input type="checkbox"/> Kindergarten <input type="checkbox"/> Infant Toddler – offsite <input type="checkbox"/> Grade 1 <input type="checkbox"/> Preschool – Public School <input type="checkbox"/> Grade 2 <input type="checkbox"/> Preschool – onsite <input type="checkbox"/> Grade 3 <input type="checkbox"/> Preschool – Private <input type="checkbox"/> Grade 4 <input type="checkbox"/> Family Daycare <input type="checkbox"/> Grade 5 <input type="checkbox"/> Early Start <input type="checkbox"/> Grade 6 <input type="checkbox"/> Head Start