



APPENDIX C
2015-2016

Alabama First Class Pre-Kindergarten Program
Family Information Form

Children must be 4 years old by September 1, 2015 to be eligible for the 2015-16 school year

Today's Date: _____

Classroom Teacher: _____ County: _____

Child's Name: First _____ Middle _____ Last _____

Preferred Name: _____ Child's Date of Birth: _____

Child's Age: _____ Gender: ___ Male ___ Female

Language Spoken at Home: _____

Child's Social Security Number: _____ - _____ - _____ **

Race/Ethnicity of Child: (circle one): Black / White / Hispanic / Asian / Other _____

Parent/Guardian Name: First _____ Middle _____ Last _____

Relationship to child: _____

Address: _____ City _____ Zip _____

Alternate Address: _____ City _____ Zip _____

Phone Number: (____) _____ Alternate Number:
(____) _____

Email Address: _____

Emergency Contact Name: _____ Phone _____

Medical / Developmental Diagnoses:

Name of Medical Insurance Carrier: _____ Policy #: _____

** Failure of a parent or guardian to provide a child's Social Security Number will not bar a child from being enrolled in the First Class Pre-K program. Federal and state laws require The Alabama Department of Children's Affairs and its grantees to protect Social Security Numbers from disclosure to unauthorized parties.

Please answer the following questions:

Is your child currently receiving services from the local school system? If yes, what services?	YES	NO
<hr/>		
Does your child have a current Individualized Education Plan (IEP)?	YES	NO
Has your child attended Early Head Start or Head Start? __less than 1 year _1 year more than 1 year	YES	NO
Has your child attended a center based child care program? __less than 1 year _1 year more than 1 year	YES	NO
Has your child attended a home based child care program? __less than 1 year 1 year more than 1 year	YES	NO
Has your child participated in a home visiting program? __less than 1 year _1 year more than 1 year	YES	NO
Has your child attended another preschool program? __less than 1 year _1 year more than 1 year	YES	NO
Are you a parent of a child under 19?	YES	NO
Do you have any related children under 19 living with you?	YES	NO
Do you receive Family Assistance benefits (TANF) from the Department of Human Resources?	YES	NO
Do you receive food stamp benefits?	YES	NO
Do you or your children receive Medicaid benefits or All Kids?	YES	NO
Does your child(ren), under the age of 19, living with you, participate in the reduced or free lunch program at school?	YES	NO
Do you receive help with the cost of childcare for your child(ren) through the Childcare Management Agency or JOBS?	YES	NO
Does your child(ren)receive WIC?	YES	NO

Please locate the number of people in your household and circle the income in that row that is closest to your annual (yearly) household income. This information is used to determine the parent fees if you are attending a program that charges fees. All information is confidential.

Household Size	100%	200%	300%	400%
1	\$11,670	\$23,340	\$35,010	\$46,680
2	15,730	31,460	47,190	62,920
3	19,790	39,580	59,370	79,160
4	23,850	47,700	71,550	95,400
5	27,910	55,820	83,730	111,640
6	31,970	63,940	95,910	127,880
7	36,030	72,060	108,090	144,120
8	40,090	80,180	120,270	160,360

This Section to Be Completed by Program Staff if child is randomly selected for OSR Classroom:

Enrollment Date: _____

Withdrawal/Dismissal Date: _____

Reason for Withdrawal/Dismissal: _____

Parent Fee Amount: \$_____ per month

Disability Information: _____

Services Child is Receiving: _____