\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender:** \_\_\_\_\_**Male** \_\_\_\_\_\_**Female**

**Full Name of Child**

**Total Number of People in Household:** **\_\_\_\_\_\_\_\_ Birthday:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Annual Income of Family** (check one)

\_\_\_\_\_$0 - $8,000

\_\_\_\_\_$8,000 - $12,000

\_\_\_\_\_$12,000 - $16,000

\_\_\_\_\_$16,000 - $20,000

\_\_\_\_\_$20,000 - $24,000

\_\_\_\_\_$24,000 - $28,000

\_\_\_\_\_$28,000 or more

**Medical Card Number** (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check any of the following that apply to your child or family:**

\_\_\_Child was of low birth weight (5.5lbs or less) Weight at birth\_\_\_\_\_\_\_\_

\_\_\_Child was born premature (36 weeks or less) Weeks premature \_\_\_\_\_\_\_\_

\_\_\_Child has parents whose primary language is not English. Language spoken at home \_\_\_\_\_\_

\_\_\_Child has a parent that was a teenager when first child was born.

\_\_\_Family has moved more than 2 times in the last year

\_\_\_Child has parent or sibling with serious illness or disability. Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Child is in foster care

\_\_\_Child is one of a multiple at birth \_\_\_twins \_\_\_triplets \_\_\_ Other\_\_\_\_\_

\_\_\_Child has a sibling that qualifies for free/reduced lunch in the elementary school

\_\_\_Child was referred by LEASE preschool screening team

**Any other information that you think would be helpful for us to know, please explain:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent or Guardian** **Date**