

EARLY CHILDHOOD ENROLLMENT FORM

CHILD'S INFORMATION

LAST NAME: _____

FIRST NAME: _____

GENDER: MALE FEMALE

DATE OF BIRTH: _____

BIRTH PLACE: _____

U.S. Dept. of Education: New Race and Ethnicity Categories
Part A asks about one's ethnicity and Part B asks about one's race. *Ethnicity* describes culture and language, while *race* describes the geographical origin of one's ancestors. Both questions must be answered.

Part A: Is the Child Hispanic/Latino? Yes No

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Part B: What is your child's race? Choose one or more.

- American Indian or Alaskan Native Asian Black or African-American
 Native Hawaiian or Other Pacific Islander White

PRIMARY LANGUAGE: _____

HOME LANGUAGE: _____

ADDRESS: _____

CITY / STATE / ZIP CODE: _____

PARENT / GUARDIAN INFORMATION

NAME: _____

RELATIONSHIP TO CHILD: _____

PHONE # (Home): _____

PHONE # (Work): _____

PHONE # (Cell): _____

EARLY CHILDHOOD ENROLLMENT FORM

PARENTAL CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION AND ENROLLMENT:

I have been fully informed about my child's screening results and understand that CPS will review all available information and make a determination about which areas of concern require an evaluation of my child. I understand that before the evaluation can begin I must provide consent on a separate form entitled Consent for Initial Evaluation/Assessment Plan and that my signature below does not grant consent to evaluate my child. I also understand that my input during this determination is valuable and that if I disagree with the determination, I have the right to withhold my consent. I am authorizing CPS to enroll my child as a non-attending student for purposes of this evaluation process.

Parent's Name:

Parent's Signature:

Date:
