



SERVICE
LEADERSHIP
COLLABORATION
EXCELLENCE



GREAT START READINESS PROGRAM

Program/Location: _____

Teacher: _____

Student UIC#: _____

Date of Enrollment: _____ **Date Dropped:** _____

20__ - 20__

CHILD APPLICATION FORM

PARENTS/GUARDIANS COMPLETE THIS SECTION

CHILD'S NAME: _____ BIRTHDATE: _____ SEX: F ___ M ___

CHILD'S ADDRESS: _____ CITY: _____ ZIP: _____

HOME TELEPHONE: _____ ALTERNATE TELEPHONE: _____

BIRTH CERTIFICATE#: _____ BIRTHPLACE (city, state or nation): _____

Special Needs/Disabling Condition: _____ Diagnosed: Yes () No ()

Does the child have an IEP? _____ Date of IEP: _____

Parent/Guardian Name: _____ Relationship to Child: _____

Mother's Age at 1st Pregnancy: _____ Marital Status: Single ___ Married ___ Separated

Race: _____ (see chart below) Child Ethnicity: Hispanic ___ Yes ___ No

American Indian or Alaska Native; Asian; White; Black/African-American; Native Hawaiian or Pacific Islander

List **ALL** household members for which you are financially responsible

NAME	BIRTHDATE	NAME	BIRTHDATE

Is your child's native language a language other than English? Yes ___ No ___ What is the language? _____

Is the primary language used in your child's home a language other than English? Yes ___ No ___

If yes, what is the language? _____

