

# Hay Springs Early Childhood Program

Program Year: 2012-13

Student Information Sheet

## CHILD'S INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Race/Ethnicity:  African American  Asian  Hispanic  Native American  White  Other \_\_\_\_\_

What language does this child prefer to speak? Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

Is this child part of a dual/joint custody family?  No  Yes

Has this child ever been enrolled in a preschool program before?  No  Yes If yes, then where?

\_\_\_\_\_

Does this child have a special need, a suspected, or diagnosed disability, low birth weight or a health need that might require special attention, early intervention, special education, and/or related services?  No  Yes, Explain:

\_\_\_\_\_

\_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Primary parent/guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_  Home  Work  Cell  Other \_\_\_\_\_

Phone Number: \_\_\_\_\_  Home  Work  Cell  Other \_\_\_\_\_

Phone Number: \_\_\_\_\_  Home  Work  Cell  Other \_\_\_\_\_

Secondary parent/guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_  Home  Work  Cell  Other \_\_\_\_\_

Phone Number: \_\_\_\_\_  Home  Work  Cell  Other \_\_\_\_\_

Phone Number: \_\_\_\_\_  Home  Work  Cell  Other \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All students, ages 3 and 4, are automatically enrolled into this program upon completion of this form. Please return this form to the Student Services office at Hay Springs Public Schools.