

Family Information Form

PLEASE PRINT CLEARLY

Single Parent/Guardian Household: Yes No - If "No" complete Parent/Guardian (B) information below

Parent/Guardian (A) Name: _____

Birth Date: _____

Gender: Female Male

Race: American Indian or Alaskan Native
 Asian
 Black or African American
 Caucasian
 Native Hawaiian or Other Pacific Islander

Language: _____

Ethnicity: Not Hispanic or Latino
 Hispanic or Latino

Relationship to Child: _____

Marital Status: Married Single Divorced
 Widowed Formal Separation Informal Separation

Need for Services:

Actively Seeking Employment
 Circle the days you will seek employment:
 M T W Th F

Employed / Self Employment
 School / Training
 Incapacitated
 Homeless
 CPS / At Risk

Parent/Guardian (B) Name: _____

Birth Date: _____

Gender: Female Male

Race: American Indian or Alaskan Native
 Asian
 Black or African American
 Caucasian
 Native Hawaiian or Other Pacific Islander

Language: _____

Ethnicity: Not Hispanic or Latino
 Hispanic or Latino

Relationship to Child: _____

Marital Status: Married Single Divorced
 Widowed Formal Separation Informal Separation

Need for Services:

Actively Seeking Employment
 Circle the days you will seek employment:
 M T W Th F

Employed / Self Employed
 School / Training
 Incapacitated
 Homeless
 CPS / At Risk

Other individual(s) in the home that will **not** be enrolled on the program and are counted in family size:

Attach documentation.

Name:

Relationship to Parent(s)/Guardian(s):

Birth Date:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMPLETE REVERSE SIDE

Complete one column per child/per provider.
 (Make additional copies as needed)

Child Name: _____
Birth Date: _____
Gender: Female Male
Race: American Indian or Alaskan Native
 Asian
 Black or African American
 Caucasian
 Native Hawaiian or Other Pacific Islander
Language: _____
Ethnicity: Not Hispanic or Latino
 Hispanic or Latino
Special Needs: Yes No
If Yes, attach current IEP or IFSP
Relationship to Parent/Guardian: _____

School Name: (if applicable) _____
Specify Track/Traditional: _____
Hours in School: _____

Child Care Provider Name: _____
Specify the days and hours your child will be in child care
(typically 1/2 hour before and 1/2 hour after is allowed for
transportation)

Set Schedule:
 Non-School Days _____ School Days (if applicable)
 (Circle child care days) (Circle child care days)
 S M T W Th F Sa S M T W Th F Sa
 Child Care Hours: _____
 From _____ To _____ (before school)
 _____ To _____ (after school)
 From _____ To _____

Varving Schedule:
 Non-School Days _____ School Days (if applicable)
 (Circle all possible child care days) (Circle all possible child care days)
 S M T W Th F Sa S M T W Th F Sa
 Maximum number of _____
 days per week child care will be used. _____
 Maximum number of _____
 hours per day child care will be used. _____

Child Name: _____
Birth Date: _____
Gender: Female Male
Race: American Indian or Alaskan Native
 Asian
 Black or African American
 Caucasian
 Native Hawaiian or Other Pacific Islander
Language: _____
Ethnicity: Not Hispanic or Latino
 Hispanic or Latino
Special Needs: Yes No
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Relationship to Parent/Guardian: _____

School Name: (if applicable) _____
Specify Track/Traditional: _____
Hours in School: _____

Child Care Provider Name: _____
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Set Schedule:
 Non-School Days _____ School Days (if applicable)
 (Circle child care days) (Circle child care days)
 S M T W Th F Sa S M T W Th F Sa
 Child Care Hours: _____
 From _____ To _____ (before school)
 _____ To _____ (after school)
 From _____ To _____

Varving Schedule:
 Non-School Days _____ School Days (if applicable)
 (Circle all possible child care days) (Circle all possible child care days)
 S M T W Th F Sa S M T W Th F Sa
 Maximum number of _____
 days per week child care will be used. _____
 Maximum number of _____
 hours per day child care will be used. _____

Parent/Guardian Signature _____ **Date** _____