Angelical Stepping Ground Child Application Form

For office use only after enrolled:

Teacher Assigned:_____
Student UIC#:_____ **Quintile:**_____

1st Day of Attendance :_____ **End Date:**_____

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:_____ Diagnosed: Yes No

Does the child have an IEP?_____ Date of IEP: _____Inclusive Classroom specified? Yes No

Parent/Guardian Name:_____ Relationship to Child:_____

Age at 1st Pregnancy: _____/_____ Marital: Single Married Separated Divorced
Father Mother

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

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

How did you hear about ASGFCU? (circle all that apply): Friend/Relative; Billboard; Commercial; Website; Print Materials; Other ____

List ALL household members for which you are financially responsible (include all adults & children)

NAME	BIRTHDATE	NAME	BIRTHDATE

Type of MEDICAID Insurance:_____ **Case #:**_____ **Child's Recipient ID#:** _____

OTHER Medical Insurance: (Type):_____ **Policy Number:**

NO health insurance

PARENTS/GUARDIANS COMPLETE THIS SECTION

IF NOT PARENT, PROOF OF GUARDIANSHIP CASE#: _____

	FATHER	MOTHER	Foster Parent(s)/Stepparent(s) or Guardian(s)/Relationship
Name:			
Home Address:			
Home Phone:			
Cell Phone:			
Birthdate:			
Home Language:			
Highest Grade or Degree completed:			
Occupation:			
Employer:			
Business Phone:			
Work/School Schedule: (Days & Times)			

The above information is true and correct to the best of my knowledge. I understand if any of this information changes, I am responsible to immediately notify this program. I understand all information contained in my child's folder will remain **CONFIDENTIAL.** Please consider my child for enrollment in a Angelical Stepping Ground Family Care Unit Program based on all the information on this Child Application Form.

_____ _____ _____

Parent's Name (print) **Parent's Signature** **Date**

STAFF COMPLETE THIS SECTION

At the time of registration, was proof provided of:

Birth Certificate (date received:_____)

Letters of Guardianship (date received:_____)

Income (date received:_____)

Immunization (date received:_____)

Health Appraisal (date received:_____)

Parent has been informed of Head Start Eligibility? Yes Not Applicable

Head Start Referral Release Form completed? Yes (please attach) Not Applicable

Date child entered the United States (if birth documents are from a foreign country): _____

RISK FACTORS: STAFF COMPLETE THIS SECTION	
CHECK ALL THAT APPLY:	**TYPE OF DOCUMENTATION** (i.e., parent report, pay stub, IEP, etc.)
1. Low family income: Quintile # ___	
2. Diagnosed disability	
3. Severe or challenging behavior	
4. Primary home language other n a than English	
5. Parent/guardian with low educational attainment	
6. Abuse/neglect of child or parent	
7. Environmental risk	

_____ _____

Staff Signature **Date** **Signature of ASG Reviewing Form** **Date**