

eData Child Maintenance

\*Child's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ \*Last Name \_\_\_\_\_

\*Date of Birth \_\_\_\_\_

\*Gender Female Male

\*Date of First Participation \_\_\_\_\_

**Ethnicity**

\*Are you Hispanic/Latino? Yes No

\*What is your race? (If applicable, choose one or more)

☐ American Indian or Alaskan Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander

☐ White

Family Last Name \_\_\_\_\_

Family Code \_\_\_\_\_

Child Code \_\_\_\_\_

Type (select one)    Preschool (birth to 5)    School Age (K-6)    Keyword \_\_\_\_\_

Program Year Start Date \_\_\_\_\_

Participating    Y    N

PreK Year Before K    Y    N

# eData V2 Child Maintenance

## Preschool Program Year Data Entry and Exit (Select all that apply at entry and again at exit)

### Entry

Early Intervention	Y	N
Early Head Start	Y	N
PCHP	Y	N
Nurse Family Partnership	Y	N
Head Start	Y	N
Title I Preschool	Y	N
Private Preschool	Y	N
K at 3 years	Y	N
K at 4 years	Y	N
Pre-K Counts Program	Y	N
Keystone Stars Program	Y	N
Family Literacy Early Literacy	Y	N
Daycare w/Educational Comp.	Y	N
Daycare	Y	N
Other	Y	N
Specify _____		
None	Y	N

### Exit

Early Intervention	Y	N
Early Head Start	Y	N
PCHP	Y	N
Nurse Family Partnership	Y	N
Head Start	Y	N
Title I Preschool	Y	N
Private Preschool	Y	N
K at 3 years	Y	N
K at 4 years	Y	N
Pre-K Counts Program	Y	N
Keystone Stars Program	Y	N
Family Literacy Early Literacy	Y	N
Daycare w/Educational Comp.	Y	N
Daycare	Y	N
Other	Y	N
Specify _____		
None	Y	N

\*EC Assessment \_\_\_\_\_

Time1 \_\_\_\_\_

Time2 \_\_\_\_\_

## eData V2 Child Maintenance

### School Age Program Year Data Entry and Exit (Select all that apply at entry and again at exit)

Grade \_\_\_\_\_

#### Entry

Free or Reduced Lunch	Y	N
Home School	Y	N
Special Education	Y	N
ESL	Y	N
Before/After School Program	Y	N
Daycare with Ed Component	Y	N
Daycare	Y	N
Other	Y	N
Specify _____		
None	Y	N

#### Exit

Free or Reduced Lunch	Y	N
Home School	Y	N
Special Education	Y	N
ESL	Y	N
Before/After School Program	Y	N
Daycare with Ed Component	Y	N
Daycare	Y	N
Other	Y	N
Specify _____		
None	Y	N

**Info. from End of Year School Report**                      Y\*      N

*\*If responding **Yes**, the information needed to complete the remaining data entry in eData comes directly from the child's End of Year School Report form*