*Child's First Name _____ **Middle Initial** _____ ***Last Name**_____

*Date of Birth ___/__/_____   ***Gender**   ☐F   ☐M

*Date of First Enrollment ___/__/_____

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** _____

Current Year Enrollment Date ___/__/_____   **Participating**   ☐Y   ☐N

PreK Year Before K   ☐Y   ☐N

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

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

*EC Assessment _____   **Time1** ___/__/_____   **Time2**___/__/_____

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

Grade _____

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

Information from End of School Report   ☐Y   ☐N

School-age Promotional/Retention (Select One)

☐**Promoted**
  Grade _____
  With IEP   ☐Y   ☐N
  Other   Specify _____
☐**Retained**
  Grade _____
  Referred for testing   ☐Y   ☐N
  Other   Specify _____
☐**Other**
  Specify _____

Child's Reading Level (select one)
  ☐Below Basic
  ☐Basic
  ☐Proficient
  ☐Advanced

Unexcused Absences (days)   _____

Contact parent had with teacher (Select all that apply)
  ☐None
  ☐Open House
  ☐Conference
  ☐Phone
  ☐Note/Email
  ☐Other   Specify_____