

eData V2 Child Maintenance

\*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 \_\_\_\_\_

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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

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eData V2 Child Maintenance

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

**Entry**

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

**Exit**

Early Intervention	<input type="checkbox"/> Y	<input type="checkbox"/> N
Early Head Start	<input type="checkbox"/> Y	<input type="checkbox"/> N
PCHP	<input type="checkbox"/> Y	<input type="checkbox"/> N
Nurse Family Partnership	<input type="checkbox"/> Y	<input type="checkbox"/> N
Head Start	<input type="checkbox"/> Y	<input type="checkbox"/> N
Title I Preschool	<input type="checkbox"/> Y	<input type="checkbox"/> N
Private Preschool	<input type="checkbox"/> Y	<input type="checkbox"/> N
K at 3 years	<input type="checkbox"/> Y	<input type="checkbox"/> N
K at 4 years	<input type="checkbox"/> Y	<input type="checkbox"/> N
Pre-K Counts Program	<input type="checkbox"/> Y	<input type="checkbox"/> N
Keystone Stars Program	<input type="checkbox"/> Y	<input type="checkbox"/> N
Family Literacy Early Literacy	<input type="checkbox"/> Y	<input type="checkbox"/> N
Daycare w/Educational Comp.	<input type="checkbox"/> Y	<input type="checkbox"/> N
Daycare	<input type="checkbox"/> Y	<input type="checkbox"/> N
Other	<input type="checkbox"/> Y	<input type="checkbox"/> N
Specify _____		
None	<input type="checkbox"/> Y	<input type="checkbox"/> 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	<input type="checkbox"/> Y	<input type="checkbox"/> N
Home School	<input type="checkbox"/> Y	<input type="checkbox"/> N
Special Education	<input type="checkbox"/> Y	<input type="checkbox"/> N
ESL	<input type="checkbox"/> Y	<input type="checkbox"/> N
Before/After School Program	<input type="checkbox"/> Y	<input type="checkbox"/> N
Daycare with Ed Component	<input type="checkbox"/> Y	<input type="checkbox"/> N
Daycare	<input type="checkbox"/> Y	<input type="checkbox"/> N
Other	<input type="checkbox"/> Y	<input type="checkbox"/> N
Specify _____		
None	<input type="checkbox"/> Y	<input type="checkbox"/> N

**Exit**

Free or Reduced Lunch	<input type="checkbox"/> Y	<input type="checkbox"/> N
Home School	<input type="checkbox"/> Y	<input type="checkbox"/> N
Special Education	<input type="checkbox"/> Y	<input type="checkbox"/> N
ESL	<input type="checkbox"/> Y	<input type="checkbox"/> N
Before/After School Program	<input type="checkbox"/> Y	<input type="checkbox"/> N
Daycare with Ed Component	<input type="checkbox"/> Y	<input type="checkbox"/> N
Daycare	<input type="checkbox"/> Y	<input type="checkbox"/> N
Other	<input type="checkbox"/> Y	<input type="checkbox"/> N
Specify _____		
None	<input type="checkbox"/> Y	<input type="checkbox"/> 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*