

eData 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 _____

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

eData 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 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*