

STUDENT/CHILD IN ECFE/PRESCHOOL (one form per child in class)
(*required)

*State Student ID: _____

*Name _____
(Last) (First) (M.I.)

*Date of Birth _____ *Gender: _____ *Immunizations Up to Date: _____
(M/F) (Y/N)

Ethnicity: Hispanic/Latino _____
(Y/N)

Race: Check all that apply ☐ American Indian ☐ Asian ☐ Black ☐ Native Hawaiian ☐ White

Primary Language _____ Migrant: _____ McKinney-Vento Homeless: _____
(Y/N) (Y/N)

PROGRAM REGISTRATION

*District ISD #877 *District Type 01 *Program: Check One ☐ SR ☐ ECFE ☐ ECFE/ABE ☐ SR/ABE ☐ Other

Class(es) Child and/or parent attends _____ *Registration Date _____

_____ *Registration Date _____

*Count of Classes: _____ *Fee Status: Check One ☐ Full Fee ☐ Reduced Fee ☐ No Fee

*Funding Source: ☐ Parent Fee ☐ SR ☐ ECFE ☐ ECSE ☐ Other District ☐ Scholarship (State/Federal)

*Special Needs or Delay NOT Eligible for Special Education: Check One
☐ Child has special needs, but is not eligible for special educational services
☐ Child has no special needs or is eligible for special educational services

REGISTERING PERSON/PARENT/GUARDIAN

*Name _____ Date of Birth: _____
(Last) (First)

*Relationship: Check One ☐ Mother ☐ Foster Mother ☐ Father ☐ Foster Father
☐ Guardian-Female ☐ Guardian-Male ☐ Other Relative-Female ☐ Other Relative-Male

Education Background: Check One ☐ Some elementary and middle school, none beyond eighth grade ☐ Some High School,
no diploma ☐ High School Diploma ☐ Some College, no degree ☐ Associate's Degree ☐ Bachelor's
Degree ☐ Master's Degree ☐ Doctoral Degree

Employment Status: Check One ☐ Employed more than 25 hrs/week ☐ Employed less than 25 hrs/week ☐ Unemployed,
seeking employment ☐ Unemployed, not seeking employment

Yearly Household Income: _____

Number of People in Household: _____ *Receiving Interpreter Assistance _____
(Y/N)

*Classroom Volunteer: Check One
☐ Not Volunteering ☐ Classroom Volunteer ☐ Parent Advisory Council Volunteer

OFFICE USE ONLY:

State Student ID: _____

Program: Check one: _____ SR/Preschool _____ ECFE Parent Child _____ ECFE/ABE Family Learning
_____ SR Preschool/ABE Family Learning _____ Other, ex Educational Visits