

**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