



LAUP Child Enrollment Form: 2011-2012 School Year

Instructions

Every year we ask the parent/guardian of each child enrolling at an LAUP preschool to complete a *Child Enrollment Form*. The information you provide is very important and will help us continue to provide high quality preschool to children in Los Angeles County.

Please answer all of the questions on the form. If you are not comfortable answering a question, you can choose *Decline to answer*.

Complete either the English or Spanish version.

Please write clearly in the boxes provided:



CORRECT:

2) Child's First Name

MI Child's Last Name

J	O	H	N									N	S	M	I	T	H		
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INCORRECT:

2) Child's First Name

MI Child's Last Name

J	O	H	N									N	S	M	I	T	H		
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Please fill in the circles provided:



CORRECT:

4) Child's Gender

Male Female



INCORRECT:

4) Child's Gender

Male Female

Thank you so much for your time!

Preschool/Child Care

1) Will the child be attending preschool or child care in addition to the 3.5 hours of preschool funded by LAUP? (CHECK ALL THAT APPLY)

- Yes, at same preschool; Yes, in other child care; Don't Know; Yes, at another preschool; Yes, still looking for preschool/child care; Decline to answer; Yes, with a family member or friend; No

2) Did the child attend preschool or child care before enrolling in this LAUP preschool program?

- Yes; No; Decline to answer

IF YES, how many months/years did the child attend preschool and/or child care before enrolling in this LAUP program?

- 0-5 months; 2 years - less than 3 years; 6-11 months; More than 3 years; 1 year - less than 2 years; Decline to answer

Child Health and Special Needs Information

1) Does the child have health insurance?

- Yes; No; Decline to answer

2) Has the child been diagnosed with a disability, special need, or health concern?

- Yes; No; Decline to answer

IF YES, in which area(s)? (CHECK ALL THAT APPLY)

- Health/Physical; Vision; Learning Delay; Overweight/Obese; Hearing; Autism/PDD; Underweight; Emotional/Behavioral; Other; Dental; Language/Speech; Decline to answer

3) Do you have any concerns about the child's health, development or behavior that may affect his/her performance in school that have not been diagnosed?

- Yes; No; Decline to answer

IF YES, in which area(s)? (CHECK ALL THAT APPLY)

- Health/Physical; Vision; Learning Delay; Overweight/Obese; Hearing; Autism/PDD; Underweight; Emotional/Behavioral; Other; Dental; Language/Speech; Decline to answer

4) Does the child currently have or has the child ever had an Individualized Family Service Plan (IFSP) or an Individualized Education Plan(IEP)?

- Yes, currently; Yes, in the past, but not currently; No; Decline to answer



Parent/Guardian Information

Please answer the following questions about the child's parent or primary guardian.

1) Parent/Guardian's First Name MI Parent/Guardian's Last Name

2) What is the Parent/Guardian's relationship to the child?
Mother Grandparent Other Relative (please specify):
Father Foster Parent Other (please specify):

3) Parent/Guardian's Address
If Parent/Guardian's address is the same as the child's (page 1), fill in circle and skip to Email
City Zip Code Apt.

4) Parent/Guardian's Email
Fill in circle if you do not want to receive email from LAUP

5) Parent/Guardian's Date of Birth 6) Parent/Guardian's Gender
Male Female

7) Parent/Guardian's Race/Ethnicity (CHECK ONLY ONE)
Armenian Chinese Japanese African American Dominican Multiracial
Persian/Iranian Cambodian Korean African Mexican Other (please specify):
Pacific Islander Filipino Vietnamese Other Black Puerto Rican
White Indian Other Asian Central American South American Decline to answer
Alaska Native or American Indian Cuban Other Hispanic or Latino

8) Phone Number(s) Home Phone Work Phone Ext.
Cell Phone

9) In what country was the Parent/Guardian born? (CHECK ONLY ONE)
Armenia Guatemala Mexico United States Other (please specify):
El Salvador Korea Philippines Vietnam Decline to answer

IF NOT BORN IN THE U.S., how long have you/they lived in the United States?
Less than 1 year 5 yrs - less than 8 yrs 15 yrs or more
1 year - less than 3 yrs 8 yrs - less than 10 yrs Decline to answer
3 yrs - less than 5 yrs 10 yrs - less than 15 yrs

10) Is the child's Parent/Guardian interested in being an advocate for their child and other children who need preschool in Los Angeles County through the LAUP Parent Ambassador Program?
Yes No Decline to answer

Household Information

1) What is the highest level of school completed by the child's mother/primary female guardian? (CHECK ONLY ONE)

- Less than High School Associates or technical school degree Information on mother unknown
 High School diploma/GED Bachelor's degree Other (please specify): _____
 Some college Graduate degree Decline to answer

2) What is the highest level of school completed by the child's father/primary male caretaker? (CHECK ONLY ONE)

- Less than High School Associates or technical school degree Information on father unknown
 High School diploma/GED Bachelor's degree Other (please specify): _____
 Some college Graduate degree Decline to answer

Please answer the following questions about the household where the child lives.

3) How many adults (18 or older) live in the child's home? Decline to answer

4) How many children under 18 (*including the child*) live in the child's home? Decline to answer

5) What is the yearly household income? (CHECK ONLY ONE)

- Less than \$10,000 \$30,000 to \$34,999 \$60,000 to \$74,999 \$200,000 or more
 \$10,000 to \$14,999 \$35,000 to \$39,999 \$75,000 to \$99,999 Don't Know
 \$15,000 to \$19,999 \$40,000 to \$44,999 \$100,000 to \$124,999 Decline to answer
 \$20,000 to \$24,999 \$45,000 to \$49,999 \$125,000 to \$149,999
 \$25,000 to \$29,999 \$50,000 to \$59,999 \$150,00 to \$199,999

6) What type of financial support, other than employment/work, is currently a regular source of income in the household? (CHECK ALL THAT APPLY)

- None Child Support SSI/SSDI (Disability)
 Unemployment CalWorks/TANF Other (please specify): _____
 WIC/Food Stamp Child Care Subsidies (other than LAUP) Decline to answer

General Information

1) How did you hear about this LAUP preschool program? (CHECK ALL THAT APPLY)

- Friend, family member, neighbor MTA Bus Newspaper article/advertisement
 Parent with child at this preschool LAUP website Radio Commercial
 I live near this preschool Referred by Head Start TV Commercial
 My older child attended same preschool Referred by elementary school Other (please specify): _____
 I drove or passed by this preschool Referred by another preschool provider
 Flyer, banner, brochure, pamphlet Referred by Resource and Referral Agency Decline to answer

2) Had you heard of Los Angeles Universal Preschool (LAUP) before sending the child to this preschool?

- Yes No Decline to answer

3) If this form were online, would you be able to access the internet and complete it?

- Yes No Decline to answer

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