



## Alabama First Class Pre-Kindergarten Program Family Information Form

Children must be 4 years old on or before September 1, 2016 to be eligible for the 2016-17 school year

Today's Date: \_\_\_\_\_ County: \_\_\_\_\_

Child's Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Child's Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Child's Age: \_\_\_\_\_ Gender:  Male  Female

Primary Language Spoken at Home: \_\_\_\_\_ Child's Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ \*

Race/Ethnicity of Child: (circle one): Black-African American / White / Latino - Hispanic / Asian / Native Hawaiian - Other Pacific Islander / American Indian - Alaskan Native / More Than One Race

Legal Guardian 1: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Alternate Phone Number (\_\_\_\_) \_\_\_\_\_

Legal Guardian 2: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address same as Guardian #1:  Yes  No

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Alternate Phone Number (\_\_\_\_) \_\_\_\_\_

Child Lives With:  Guardian #1  Guardian #2  Both

Emergency Contact Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_ Can this person pick up child from school:  Yes  No

Emergency Contact Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_ Can this person pick up child from school:  Yes  No

Emergency Contact Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_ Can this person pick up child from school?:  Yes  No

\* Failure of a parent or guardian to provide a child's Social Security Number will not bar a child from being enrolled in the First Class Pre-K program. Federal and state laws require The Alabama Department of Early Childhood Education and its grantees to protect Social Security Numbers from disclosure to unauthorized parties.

**Medical / Developmental Diagnoses:** \_\_\_\_\_  
**Name of Medical Insurance Carrier:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Family Income:**

Number of Family Members: \_\_\_\_\_

Gross Yearly Income: \$ \_\_\_\_\_

Declined to Answer     Information Provided by Parent     Information Provided by Other

**Please check all that apply:**

Family Assistance     SNAP     Medicaid     Lunch Program  
 Childcare     Head Start     WIC     TANF  
 Not Applicable

**Please answer the following questions: (Please circle your response)**

Is your child currently receiving services from the local school system? If yes, what services? _____	YES	NO
Does your child have a current Individualized Education Plan (IEP, EI, ISFP)	YES	NO
Has your child attended Early Head Start or Head Start ___ less than 1 year    ___ 1 year    ___ more than 1 year	YES	NO
Has your child attended a center based child care program? ___ less than 1 year    ___ 1 year    ___ more than 1 year	YES	NO
Has your child attended a home based child care program? ___ less than 1 year    ___ 1 year    ___ more than 1 year	YES	NO
Has your child participated in a home visiting program? ___ less than 1 year    ___ 1 year    ___ more than 1	YES	NO
Has your child attended another preschool program? ___ less than 1 year    ___ 1 year    ___ more than 1	YES	NO
Are you a parent of a child under 19?	YES	NO
Do you have any related children under 19 living with you?	YES	NO
Do you receive help with the cost of childcare for your child(ren) through the Childcare Management Agency or JOBS	YES	NO

The child must be an Alabama resident and maintain residency while enrolled. For purposes of this program Alabama resident is defined as a child who resides in the state of Alabama, with proof of residence (e.g. current utility bill). School systems may restrict residency to their school districts, but a written policy adopted by the local Board of Education must be in place in order to restrict enrollment.

I understand upon admission into First Class, I will be asked to provide evidence of up-to-date immunizations (blue card) or signed religious beliefs affidavit against such immunizations for my child.

I understand there may be a tuition fee associated with participation in this program.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Please locate the number of people in your household and circle the income in that row that is **closest to your annual (yearly) household income**. This information is used to determine the parent fees if you are attending a program that charges fees. All information is confidential.

Household Size	100%	138%	150%	200%	250%	300%	400%
1	\$11,770	\$16,242	\$17,655	\$23,540	\$29,425	\$35,310	\$47,080
2	\$15,930	\$21,983	\$23,895	\$31,860	\$39,825	\$47,790	\$63,720
3	\$20,090	\$27,724	\$30,135	\$40,180	\$50,225	\$60,270	\$80,360
4	\$24,250	\$33,465	\$36,375	\$48,500	\$60,625	\$72,750	\$97,000
5	\$28,410	\$39,205	\$42,615	\$56,820	\$71,025	\$85,230	\$113,640
6	\$32,570	\$44,946	\$48,855	\$65,140	\$81,425	\$97,710	\$130,280
7	\$36,730	\$50,687	\$55,095	\$73,460	\$91,825	\$110,190	\$146,920
8	\$40,890	\$56,428	\$61,335	\$81,780	\$102,225	\$122,670	\$163,360

*This Section to Be Completed by Program Staff if child is randomly selected for OSR Classroom:*

Enrollment Date: \_\_\_\_\_

Withdrawal/Dismissal Date: \_\_\_\_\_

Reason for Withdrawal/Dismissal: \_\_\_\_\_

Parent Fee Amount: \$ \_\_\_\_\_ per month

Disability Information: \_\_\_\_\_

Services Child is Receiving: \_\_\_\_\_