

# Hampton Elementary School

## Early Childhood Information Form

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

Birth date \_\_\_\_\_ Nickname \_\_\_\_\_

### Family Information

With whom does the child reside? \_\_\_\_\_

Does your child have a second residence? \_\_\_\_\_

Name of sibling(s) Sex Date of Birth resides in the home?

	M/F		
	M/F		
	M/F		
	M/F		

Is there anyone else that lives in the home? \_\_\_\_\_

Has your child been to any other schools programs or playgroups? Yes No If yes, please provide us a description (where, days/hours per week, description of program). \_\_\_\_\_

Head Start \_\_\_\_\_ Public Preschool \_\_\_\_\_ Licensed daycare \_\_\_\_\_ Family daycare \_\_\_\_\_ other \_\_\_\_\_

How long did your child attend this program? \_\_\_\_\_

I give permission for school personnel to contact previous schools regarding my child Yes No

Program name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Do you have any cultural practices or beliefs that you feel are important for the school to know? \_\_\_\_\_

### Child's Health and Medical History

#### Birth

Birth weight \_\_\_\_\_ lb \_\_\_\_\_ oz Gestation at birth \_\_\_\_\_ wks

Complications during pregnancy? \_\_\_\_\_

Birth? \_\_\_\_\_

What age did your child ... Crawl? \_\_\_\_\_ Walk? \_\_\_\_\_ Speak? \_\_\_\_\_

Has your child had frequent ear infections? \_\_\_\_\_

Has your child had tubes? \_\_\_\_\_

Has your child ever had trouble hearing? \_\_\_\_\_

Have any allergies? \_\_\_\_\_

Has your child's hearing ever been tested? \_\_\_\_\_

Vision tested? \_\_\_\_\_

Please fully describe any ALLERGIES, MEDICATIONS or other HEALTH ISSUES that your child's teacher needs to be aware of (Please use the back of this sheet if you need additional room): \_\_\_\_\_

Has your child ever been hospitalized? Please explain \_\_\_\_\_

Does your child have any food allergies or special nutritional needs? If so please describe \_\_\_\_\_

### Social/Emotional Behavior

How does your child react to being left with people other than family members? \_\_\_\_\_

What are your child's.....

Interests? \_\_\_\_\_

Dislikes? \_\_\_\_\_

Fears? \_\_\_\_\_

Do you have any concerns about your child's initial adjustment to school? \_\_\_\_\_

Describe how your child interacts with other children? \_\_\_\_\_

### Child's Development

At what age was your child independently toilet trained? \_\_\_\_\_

Does your child take naps? If so how long? \_\_\_\_\_

Describe how your child communicates with others? \_\_\_\_\_

Is there any other information about your child you would like classroom staff to know that would be helpful when working with your child? \_\_\_\_\_

*A copy of your child's birth certificate and medical forms must be on file prior to the start of school*

## School Readiness Income/Monthly Report Information

### SCHOOL READINESS INCOME GUIDELINES

Effective October 1, 2017

*If your family's gross annual income is less than the 75<sup>th</sup> percentile below for your family size, you qualify for a reduced tuition amount. Please submit income verification.*

Family size:	1-3	4	5	6	7	8	9	10	11	12
	84,065	83,570	90,957	103,503	105,855	108,208	110,560	112,913	115,265	117,617

Please return this form with your registration paperwork

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents' Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Check List of forms needed to be returned to Hampton Elementary School Office

\_\_\_\_ 1. Four recent, consecutive paystubs for all working adults in the family - Attach evidence

\_\_\_\_ 2. Number of People in Household \_\_\_\_\_

\_\_\_\_ 3. Does your family receive any childcare subsidies? Yes \_\_\_\_\_ No \_\_\_\_\_ Attach evidence

\_\_\_\_ 4. If your family income is below 50% SMI for your family size, does your family receive?

TFA (temporary family assistance) \_\_\_\_\_ Non TFA \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_

\_\_\_\_ 5. Early Childhood Health Assessment Record, along with Emergency Medical Information Card

\_\_\_\_ 6. Child's Birth Certificate

\_\_\_\_ 7. Residency Verification (utility bill, mortgage/rent statement, etc.)

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_