



Student Name _____

School Year _____

Student Enrollment Packet

Welcome to the Saranac Central School District!

Please complete one packet for every child you are registering. **A parent/legal guardian must be present at the time of enrollment.**

Directions for Enrolling:

Step 1- Complete this Student Enrollment Packet--**Complete one packet per child.**

Step 2 -Gather the necessary documentation listed on the first page of the Registration packet.

Step 3 – If enrolling a K-12th grade student, contact the [School Registrar](#) (518-565-5810) for an appointment. If enrolling a PreK student, contact the [PreK Coordinator](#) (518-565-5615). Bring completed enrollment packet and documentation with you.

Step 4 -Once all materials are reviewed and your child's enrollment has been decided, you will be contacted by the appropriate school regarding school building, classroom, and bus information.

For Office Use Only	
Photo ID	<input type="checkbox"/>
Birth Cert.	<input type="checkbox"/>
Proof of Res (2)	<input type="checkbox"/> <input type="checkbox"/>
Immunization	<input type="checkbox"/>
Physical	<input type="checkbox"/>
AUP	<input type="checkbox"/>
Health info	<input type="checkbox"/>
Custody papers	<input type="checkbox"/> Y <input type="checkbox"/> NA
Enrollment	<input type="checkbox"/>

Necessary documents

Parents must provide the following along with the packet to complete enrollment:

- Parent/Legal guardian photo ID – In order to provide a Proof of Guardianship, a parent or guardian enrolling a student must present photo ID **and**
 - Birth certificate with parent name on it, **or**
 - Court order, **or**
 - An affidavit saying you have “total and permanent custody and control” over the child
- Proof of Age: Original Birth Certificate
- Proof of Residency (2) – see next page for details – this is to establish that you live in the Saranac Central School District
- Proof of Immunization
- Physical exam within the past 12 months
- Custody Records, if applicable



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Residency Form

Student Name: _____ Parent/Guardian: _____

Physical Address: _____

The answers you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act.

Where is the student currently living? (Please check one box)

- In an emergency or transitional shelter
- With another family member or other person due to a loss of housing or economic hardship (sometimes referred to as “doubled-up”)
- In a hotel/motel
- In a car, park, bus, train or campsite
- Other temporary living situation (please describe): _____

If any of the **above** are checked please **sign at the bottom and go to Next Page**

- Student is in permanent housing** (Please continue below if you own, rent, or are residing with a district resident)

Proof of Residency

Proof of residency within the Saranac Central School District will be required at time of student enrollment. **Please note that at least two forms of verification of district residency are needed (one from Group 1 and one from Group 2).** School officials reserve the right to request additional documentation.

Proof of residency must include the name and address of a parent/guardian and must be dated within the last 30 days. Items must have the physical address. *Items with only a P.O. Box are not valid proofs of residency.*

Group 1	Group 2
<input type="checkbox"/> Copy of residential lease; deed; or mortgage <input type="checkbox"/> Contract for purchase of home (seller/buyer information) <input type="checkbox"/> Affidavit by a third party landlord, owner or tenant from whom the parent/guardian leases from or <input type="checkbox"/> Affidavit for a shared residence (see website for affidavit forms)	<input type="checkbox"/> Utility bill excluding phone (electric, gas/fuel oil, cable/Internet) <input type="checkbox"/> Voter Registration card <input type="checkbox"/> Car or Home Insurance Policy (current) <input type="checkbox"/> Tax Bill <input type="checkbox"/> Social Security statements <input type="checkbox"/> Income tax form <input type="checkbox"/> DSS documents <input type="checkbox"/> Payroll Stub

All the information provided in this form is true and accurate. I understand that it is my responsibility to notify the school should any information change.

Sign Here

Parent/Guardian Name Print: _____ Signature: _____ Date: _____

Relationship to student: Mother Father Other: _____



Student Enrollment Form

FOR OFFICE USE ONLY		
Date Received _____	Student ID # _____	School Year _____
Enrollment Entry Date _____	<input type="checkbox"/> New (PK or K) <input type="checkbox"/> Re-Entry <input type="checkbox"/> Transfer	Building <input type="checkbox"/> MES <input type="checkbox"/> SES <input type="checkbox"/> MS <input type="checkbox"/> HS
Proof of Age: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other _____	Grade _____	Homeroom _____
Proof of Immunization <input type="checkbox"/> Yes <input type="checkbox"/> No		Bus # am _____ pm _____
Parent Photo ID <input type="checkbox"/> Yes <input type="checkbox"/> No		
Proof of Residency	Group 1: <input type="checkbox"/> Lease <input type="checkbox"/> Mortgage/deed <input type="checkbox"/> Purchase contract <input type="checkbox"/> Affidavit	Records Requested _____
	Group 2: <input type="checkbox"/> Utility bill <input type="checkbox"/> Tax bill <input type="checkbox"/> DDS document <input type="checkbox"/> SS statement <input type="checkbox"/> Car/Home ins <input type="checkbox"/> Income tax <input type="checkbox"/> Pay stub <input type="checkbox"/> Voter card	
AUP <input type="checkbox"/> Yes <input type="checkbox"/> No		Records Received _____
Custody Papers <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		

Student Information		
First Name: _____	Middle: _____	Last Name: _____
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Date of Birth: ____/____/____ MM DD YYYY	Place of Birth (City, State) _____	Primary Language: _____
		Grade _____
Physical Address: _____/_____/_____/_____/_____ Street Apt# City State zip		Home Phone (Primary): (____) _____-_____ <input type="checkbox"/> Landline <input type="checkbox"/> Cell
Mailing Address: _____/_____/_____/_____/_____ (if different than above)		Who does the child primarily live with? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Step-Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian(s)
Previous School Information		
Name of School Last Attended: _____		District: _____
Has your child attended Saranac Central School District before? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Primary Custodial Parent/Guardian Information (for Student's Primary Residence)		
Parent/Guardian 1 Primary Residence Living with Student	Salutation <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	<input checked="" type="checkbox"/> Address same as child
	First Name: _____	Middle: _____ Last Name: _____
	Relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian(s) <input type="checkbox"/> Other _____	
	Employer: _____	Email: (used for communications and access to parent portals) _____@_____
	Home Ph: (____) _____-_____ Call Order <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Cell: (____) _____-_____ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Are you on Active Duty in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please give the DATE you entered the Armed Forces ____/____/____
Parent/Guardian 2 Primary Residence Living with Student	Salutation <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	<input checked="" type="checkbox"/> Address same as child
	First Name: _____	Middle: _____ Last Name: _____
	Relationship to child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian(s) <input type="checkbox"/> Other _____	
	Employer: _____	Email: (used for communications and access to parent portals) _____@_____
	Home Ph: (____) _____-_____ Call Order <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Cell: (____) _____-_____ <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Are you on Active Duty in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please give the DATE you entered the Armed Forces ____/____/____



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Custody Disclosure and Restrictions Information N/A

If custodial or guardianship issues exist when you register your child, it is your responsibility to provide documentation. A copy will be forwarded to your child's school. **Note: A current legal court document must be provided to ensure compliance with custody orders.** The District shall presume that either biological parent of the student has the authority to obtain the child's release from school. However, a student shall not be released to a non-custodial parent if the district has been provided with a court order, decree of divorce, separation or other court papers that indicates the non-custodial parent does not have the right to obtain such release.

Does your child have court restrictions regarding a parent/legal guardian contact? Yes No (if yes, please provide copy of court documents)

Legal Custody: Joint Father Mother Other _____ (please list relationship)

Legal Documentation of Custody? (if applicable) Copy submitted Copy Not submitted No Documentation Exists

Restrictions of Contact: Order of Protection (Expires: _____) Please provide Person(s) Restricted: _____

Information on Rights of Parents from the Family Education Rights and Privacy Act (FERPA) An educational agency or institution shall give **full rights** under the Act to both parents, unless the agency or institution has been provided with evidence that there is a court order, State statute, or legally binding document relating to such matters as divorce, separation or custody that **specifically revokes these rights.** (Authority: 20 U.S.C.1232g)

Joint or Non-Custodial Parent Information #1 (Student not living in household)

Salutation: Mr. Mrs. Ms. Miss
Full Legal Name: _____
First Middle Last

Relationship to child: Mother Father Stepmother Stepfather Foster Parent
 Legal Guardian(s) Other _____

Physical Address: _____

Mailing Address: _____

Are you on Active Duty in the Armed Forces? Yes No
If Yes, please give the DATE you entered the Armed Forces ____/____/____

Telephone: Home (____) _____ - _____ 1 2 3
Cell (____) _____ - _____ 1 2 3
Work (____) _____ - _____ 1 2 3

Email: (used for communications and access to parent portals)
____@_____

Place of Work: _____

Is this person to be an emergency contact? Yes No

Joint or Non-Custodial Parent Information #2 (Student not living in household)

Salutation: Mr. Mrs. Ms. Miss
Full Legal Name: _____
First Middle Last

Relationship to child: Mother Father Stepmother Stepfather Foster Parent
 Legal Guardian(s) Other _____

Physical Address: _____

Mailing Address: _____

Are you on Active Duty in the Armed Forces? Yes No
If Yes, please give the DATE you entered the Armed Forces ____/____/____

Telephone: Home (____) _____ - _____ 1 2 3
Cell (____) _____ - _____ 1 2 3
Work (____) _____ - _____ 1 2 3

Email: (used for communications and access to parent portals)
____@_____

Place of Work: _____

Is this person to be an emergency contact? Yes No

Student Racial and Ethnicity Information

The U.S. Department of Education and the New York State Education Department require the collection and recording of the racial and ethnic identity of students. The information will be used to report required data to the State and Federal Education Departments, plan educational programs and make sure that they are available to all students, and to analyze differences in academic performance, attendance and completion of school. This information will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations.

Please answer question 1 and 2 by checking the boxes that best describe your child.

1. Is the student Hispanic, Latino or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin regardless of race.

YES – Hispanic NO – Not Hispanic

2. Select one or more races from the following five racial groups. Check all groups that apply to your child.

AMERICAN INDIAN OR ALASKA NATIVE: A person having origins in any of the original peoples of North America and South America (including Central America), and who maintain tribal affiliation or community recognition.

ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

BLACK OR AFRICAN AMERICAN: A person having origins in any of the black racial groups of Africa.

WHITE: A person having origins in any of the original peoples of Europe, North Africa or the Middle East.

All the information provided in this form is true and accurate. I understand that it is my responsibility to notify the school should any information change.

Parent/Guardian Name Print: _____ Signature: _____ Date: _____

Relationship to student: Mother Father Other: _____

Sign Here



Student Name _____

Household Information

List all Children residing at residence (including non-school aged children)

Full Name	Relationship to student	Date of birth	Place of Birth	Gender M/F	Present School (if applicable)
		/ /		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NB	
		/ /		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NB	
		/ /		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NB	
		/ /		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NB	
		/ /		<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NB	

List other Adults living in the Household (other than parents already listed)

Full Name	Relationship to student		

Emergency Contact Information: Please provide phone numbers for emergency use or person(s) to whom you authorize the school to release your child during school hours. (other than parent or guardian)

Priority #1

Name: _____ Does this person reside in the household? Yes No

Relationship to Student: H () - C () - W () - ext: _____

Priority #2

Name: _____ Does this person reside in the household? Yes No

Relationship to Student: H () - C () - W () - ext: _____

Priority #3

Name: _____ Does this person reside in the household? Yes No

Relationship to Student: H () - C () - W () - ext: _____

FOR PK-5 ONLY - In Case of Emergency School Closing: In the event of an emergency closing (please CHECK ONE):Please indicate below where you want your child to be taken (in district address only)

- Dismiss my child to ride the regular bus home
- Dismiss my child to ride the bus to the designated adult listed below who lives within this school building's area (must be in district)

Designated Adult's Name _____ Relationship _____ Bus _____

Physical Address: _____ / _____ / _____
Street apt# City State Zip

I have discussed these arrangements with the designated adult and my child.

In an emergency situation it is necessary to evacuate the building as quickly as possible. This type of circumstance makes it virtually impossible to contact parents by phone. Consequently, it is imperative that you give us an emergency address. Please discuss these plans with your children, relatives or neighbors in case of emergency of this nature ever arises. Be sure to contact the school in writing of any changes during the school year.

All the information provided in this form is true and accurate. I understand that it is my responsibility to notify the school should any information change.



Parent/Guardian Name Print: _____ Signature: _____ Date: _____

Relationship to student: Mother Father other: _____



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Health Information

Student's Name _____

Date of Birth ____/____/____

Doctor's Name:	Phone:
Dentist's Name:	Phone:
Allergist's Name:	Phone:
Eye Care Provider:	Phone:
Other Healthcare provider:	Phone:

HIPAA LAW

Due to recent changes in confidentiality laws, it is difficult to exchange needed information with Health Care Providers. For this reason, we would ask that you complete and sign the release below. Information requested may include, but not be limited to, immunization records, physical forms, medication authorization, and restriction or release or activity information. Your physician may also request that you sign a similar release.

I authorize the exchange of pertinent medical and/or psychological information between the physician and the school nurse for my children listed below:

Student Name(s):	_____ _____ _____
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Sign Here

_____ Date _____
 Parent/Guardian Signature

Relationship to student: Mother Father other: _____

In case of Emergency

I understand the final disposition of an emergency case, the judgement of the school authorities will prevail. Anytime this information must be changed, I will notify the nurse in writing.

Sign Here

_____ Parent/Guardian Signature
 _____ Parent/Guardian Signature

Relationship to student: Mother Father other: _____



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Student's Name _____

Date of Birth ____/____/____

Please check the information that applies and add any pertinent information.

<input type="checkbox"/> Allergies (specify)
<input type="checkbox"/> Illness with high fever (greater than 103°) (specify)
Any of the following: <input type="checkbox"/> Seizures <input type="checkbox"/> Staring spells <input type="checkbox"/> Tics
<input type="checkbox"/> Emotional problems we should be aware of?
<input type="checkbox"/> Hospitalizations (specify)
<input type="checkbox"/> Operations (specify)
<input type="checkbox"/> Medications (specify below) Name of medication(s): Reason medication(s) is being taken:
Is medication(s) required in school <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Has anyone in your family died of Heart Disease or Sudden Death before the age of 50? (specify)

Please check the information that applies and add any pertinent information about your child.

Accidents	Respiratory Difficulties	Diseases/Conditions
<input type="checkbox"/> Serious Head Injury	<input type="checkbox"/> Asthma	<input type="checkbox"/> Anemia
<input type="checkbox"/> Loss of Consciousness	<input type="checkbox"/> Bronchitis/pneumonia	<input type="checkbox"/> Chickenpox
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Diabetes
Eye Difficulties	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> "Lazy eye"	Kidney/Bladder Difficulties	<input type="checkbox"/> Mononucleosis
<input type="checkbox"/> Glasses or Contact Lens	<input type="checkbox"/> Kidney disease	<input type="checkbox"/> Nerve/Emotional problems (specify)
<input type="checkbox"/> Prosthesis	<input type="checkbox"/> Bladder infections	<input type="checkbox"/> Rheumatic fever
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Enuresis (bedwetting)	<input type="checkbox"/> Skin conditions (specify)
Ear Problems	<input type="checkbox"/> Encopresis (fecal soiling)	<input type="checkbox"/> Speech concerns
<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Undescended (or one) testicle(s)	<input type="checkbox"/> Strep infections
<input type="checkbox"/> Tubes	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Thyroid disease
<input type="checkbox"/> Hearing Loss	Musculoskeletal/Orthopedic Problems	<input type="checkbox"/> Tuberculosis TB contact
<input type="checkbox"/> Throat Infections	<input type="checkbox"/> Joint Pain or swelling	<input type="checkbox"/> Whooping Cough
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Limitation of movement	
Heart Problems	<input type="checkbox"/> Fractures	
<input type="checkbox"/> Heart murmurs	<input type="checkbox"/> Braces/wheel chair/adaptive equip.	
<input type="checkbox"/> Congenital heart disease	<input type="checkbox"/> Prosthesis	
<input type="checkbox"/> Rapid heartbeat/palpitations	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> Other (specify)		



Saranac Central School District

P.O. Box 8, Saranac, New York 12981

Student Enrollment

Any other Details: _____

May your child have a physical at school? Yes No

If your child has had a physical exam in the last 12 months, please fax a copy to your child's school building Nurse. (See fax numbers below)

Sign Here

Parent/Guardian Name Print: _____ Signature: _____ Date: _____

Relationship to student: Mother Father other: _____

Morrisonville Elementary
Martha Smith 565-5923
Fax 565-5972

Saranac Elementary
Emily Brown 565-5844
Fax 565-5890

Saranac Middle School
Sarah Sorensen 565-5650
Fax 565-5706

Saranac High School
Lynda Tripp 565-5806
Fax 565-5809



Information Technology Program - AUP

Student Name _____

For Office Use Only	
Class of:	
Parent signed	<input type="checkbox"/>
Student signed	<input type="checkbox"/>
Active Dir	<input type="checkbox"/>
ST - Internet	<input type="checkbox"/>
ST - DI	<input type="checkbox"/>
ST acct	<input type="checkbox"/>
Schoology	<input type="checkbox"/>

Parent/Guardian Authorization

I have read the Technology Information System policy and regulations of the Saranac Central School. I understand the policy, and regulations, and have reviewed them with my child and agree to the policy terms throughout my son's/daughter's enrollment at Saranac Central School. I accept the fact that the use of the Information Technology System and the Internet is a privilege and not a right. I understand that violations of the regulations may lead to suspension of my child's access privilege, financial liabilities for damages, other disciplinary action and/or legal action. I understand that this access is designated for educational purposes and that the Saranac Central School District has taken every precaution to eliminate educationally inappropriate material using Internet filtering software. I understand that it is impossible for the school district to restrict access to all controversial materials and will not hold the district or its employee responsible for materials acquired on the network. My child has my permission to access technology resources in the Saranac Central School District.

This Acceptable Use Agreement will be valid for the duration of your child's enrollment in the Saranac Central School District. If at any time you do not want your child to have access to the Internet or other technology, written notification is needed. A parent or guardian is required to sign this form when a child enters Kindergarten or when a student is new to the Saranac Central School District. A separate form is required for each child in a family.

Sign Here

Parent/Guardian Name Print: _____ Signature: _____ Date: _____

Relationship to student: Mother Father other: _____

Student Acceptable Use Access Agreement – For Grade 3-12

I have read the Technology Information Acceptable Use Policy that explains the terms and conditions for using any technology resources, including the Internet, in the Saranac Central School District. I understand that violations of the regulations may lead to suspension of my access privilege, financial liabilities for damages, other disciplinary action and/or legal action. I understand that this access is designated for educational purposes. I accept the fact that the use of the Information Technology System and the Internet is a privilege and not a right.

This Acceptable Use Agreement will be valid for the duration of my enrollment in the Saranac Central School District.

Student Sign Here

Student Signature: _____

Date: _____



Record Release Authorization

The following student has enrolled in our district:

Student Name: _____ Grade: _____ Date of Birth: _____

School Last Attended: _____

Address: _____

Phone: _____ Fax: _____

The student listed has enrolled in the Saranac Central District on _____.

Please record an exit date from your district that is earlier than this date so that the student is not shown as being simultaneously enrolled in both districts.

Thank you.

Sign Here

Parent/Guardian Name Print: _____ Signature: _____ Date: _____

Relationship to student: Mother Father other: _____

<p style="text-align: center;">Please forward a copy of the following records for the student listed above:</p> <ul style="list-style-type: none">✓ Health/Immunization Records (Also, copy of last physical, if less than a year old.)✓ Academic Records (Transcript/Last Report Card/Last Progress Report/Standardized Test Scores/Current Schedule)✓ Special Education Records, including psych evaluations, if applicable✓ Birth Certificate✓ Custody Papers✓ Other: _____	<p style="text-align: center;"><u>SEND RECORDS TO:</u></p> <ul style="list-style-type: none"><input type="checkbox"/> For Elementary Students (PK-5) (P) 518-565-5810 (F) 518-565-5826 (Attention: nvenne@saranac.org – please email if possible)<input type="checkbox"/> Saranac Middle School Guidance (P) 518-565-5648 (F) 518-565-5706 (Attention: swilson@saranac.org – please email if possible)<input type="checkbox"/> Saranac High School Guidance (P) 518-565-5810 (F) 518-565-5826 (Attention: nvenne@saranac.org – please email if possible)<input type="checkbox"/> CSE Office – Special Education (IEP documents) (P) 518-565-5646 (F) 518-565-5706 (Attention: kderocher@saranac.org – please email if possible)
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The following page is for
PreK registration only



Household Information (PreK registration only)

Your response to the following is necessary for UPK grant purposes.

Student Name _____ Date of birth ____/____/____

Number in household (including adults): _____

Pediatrician name/facility and contact information: _____

1. Household Income:

- \$ 0- 11,770
- \$ 11,771 - 15,930
- \$ 15,931 - 20,089
- \$ 20,090 - 24,249
- \$ 24,250 - 24,809
- \$ 24,810 - 32,569
- \$ 32,570 - 36,729
- \$ 36,730 - 40,889
- \$ 40,890 - 45,049
- \$ 45,050 - 49,203
- \$ 49,204 - or more

2. Social Services Received:

- TANF (Temporary Assistance for Needy Families)
- SNAP (Supplemental Nutrition Assistance Program)
- MD (Medicaid)

3. Does anyone in the household receive SSI?

- Yes
 - No
- If yes, who? _____

4. Did your child participate in a preschool, Pre-k, or Head Start Program?

- Yes
 - No
- If so, which one? _____

5. If not, did your child participate in daycare?

- Yes
- No

6. If so, was the day care registered?

- Yes
- No
- I don't know

7. Does your child have an IEP through CPSE, or early education services?

- Yes
- No

8. Do you have any health concerns regarding your child's development?

- Yes
- Please explain: _____
- _____
- _____
- _____

- No

9. Does your child have any special needs? Please explain.
