



LAUP ID

Center/FCC Name

[Grid for LAUP ID]

[Grid for Center/FCC Name]

Classroom Name

[Grid for Classroom Name]

Session

AM PM Full-Day

LAUP Child Enrollment Form

General Information

Child's First Name

[Grid for Child's First Name]

MI

[Grid for MI]

Child's Last Name

[Grid for Child's Last Name]

Child's Date of Birth

[Grid for Child's Date of Birth]

Child's Gender

Male Female

Today's Date

[Grid for Today's Date]

School Year

[Grid for School Year]

Ex: 2009-2010

Child's Primary Address

[Grid for Child's Primary Address]

City

[Grid for City]

Zip Code

[Grid for Zip Code]

Parent/Guardian's First Name

[Grid for Parent/Guardian's First Name]

MI

[Grid for MI]

Parent/Guardian's Last Name

[Grid for Parent/Guardian's Last Name]

Home Phone

[Grid for Home Phone]

Cell Phone

[Grid for Cell Phone]

Work Phone

[Grid for Work Phone]

Email

[Grid for Email]

Check here if you do not want to receive email from LAUP

Emergency Contact First Name

[Grid for Emergency Contact First Name]

Emergency Contact Last Name

[Grid for Emergency Contact Last Name]

Relationship to child

[Grid for Relationship to child]

Emergency Contact Address

[Grid for Emergency Contact Address]

City

[Grid for City]

Zip Code

[Grid for Zip Code]

Emergency Phone

[Grid for Emergency Phone]

What is your relationship to the child?

- Mother
- Grandparent
- Other Relative: _____
- Father
- Foster Parent
- Other: _____

Does the child live with you?

- Yes
- No
- Decline to answer

If no, who does the child live with?

[Grid for who child lives with]

What language is spoken most often in the child's home? (check only one)

- English Only
- Mostly English
- English and another language equally
- Mostly another language and some English
- Another language only
- Decline to answer

If you indicated a language other than English, which language(s)? (check all that apply)

- Arabic
- Farsi
- Russian
- Decline to answer
- Armenian
- Japanese
- Spanish
- Other: _____
- Cambodian/Khmer
- Korean
- Tagalog
- Cantonese
- Mandarin
- Vietnamese



50778

How did you hear about this preschool program? (check all that apply)

- Another parent
- LAUP website
- Referred by elementary school
- Flyer, banner, brochure, pamphlet
- My older child attended same preschool
- Referred by Resource and Referral Agency
- Friend, family member, neighbor
- Newspaper article/advertisement
- TV Commercial
- I drove or passed by this preschool
- Radio Commercial
- Other Website
- I live near this preschool
- Referred by another preschool provider
- Other: _____
- LAUP infoline
- Referred by DCFS
- Decline to answer

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

- Yes
- No
- Decline to answer

Child Information

What is the child's race/ethnicity? (check only one)

- Alaska Native or American Indian
- Pacific Islander
- White
- Other (please specify): _____
- Armenian
- Persian/Iranian
- Multiracial
- Decline to answer

Asian

- Chinese
- Japanese
- Cambodian
- Korean
- Filipino
- Vietnamese
- Indian
- Other Asian: _____

Black

- African American
- African
- Caribbean
- Other Black: _____

Hispanic/Latino

- Central American
- Puerto Rican
- Cuban
- South American
- Dominican
- Other Hispanic: _____
- Mexican

What language(s) does the child speak? (check all that apply)

- Arabic
- Cantonese
- Japanese
- Russian
- Vietnamese
- Armenian
- English
- Korean
- Spanish
- Other (please specify): _____
- Cambodian/Khmer
- Farsi
- Mandarin
- Tagalog
- Decline to answer

What is the child's primary language? (check only one)

- Arabic
- Cantonese
- Japanese
- Russian
- Vietnamese
- Armenian
- English
- Korean
- Spanish
- Other (please specify): _____
- Cambodian/Khmer
- Farsi
- Mandarin
- Tagalog
- Decline to answer

Will the child be attending preschool or child care in addition to the 3.5 hours of preschool funded by LAUP?

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

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

- Yes
- No
- Decline to answer

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

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



Child Health and Special Needs Information

Does the child have health insurance?

- Yes No Decline to answer

If yes, how is the insurance provided? (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Insurance provided by caregiver's employer | <input type="checkbox"/> California Kids or similar program | <input type="checkbox"/> CalOptima |
| <input type="checkbox"/> Insurance purchased directly | <input type="checkbox"/> Healthy Families | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Medi-Cal of any type | <input type="checkbox"/> Healthy Kids | <input type="checkbox"/> Decline to answer |

Does the child have a place where they receive regular medical care of check-ups (not the emergency room)?

- Yes No Decline to answer

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)

- | | | |
|---|--|--|
| <input type="checkbox"/> Health/Physical | <input type="checkbox"/> Language/Speech
(Not English as a second language) | <input type="checkbox"/> Underweight |
| <input type="checkbox"/> Learning Delay | <input type="checkbox"/> Emotional/Behavioral | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Hearing | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Autism/PDD
(Pervasive Developmental Disorder) | <input type="checkbox"/> Overweight/Obese | <input type="checkbox"/> Decline to answer |

Do you think the child has a medical, developmental, and/or behavioral condition that may affect his/her performance in school that has not been diagnosed?

- Yes No Decline to answer

If yes, in which area(s)? (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Health/Physical | <input type="checkbox"/> Language/Speech
(Not English as a second language) | <input type="checkbox"/> Underweight |
| <input type="checkbox"/> Learning Delay | <input type="checkbox"/> Emotional/Behavioral | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Hearing | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Autism/PDD
(Pervasive Developmental Disorder) | <input type="checkbox"/> Overweight/Obese | <input type="checkbox"/> Decline to answer |

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

- Yes--Currently Yes--In the past, but not currently No Decline to answer





50778

Primary Caretaker/Guardian and Household Information

Please answer the following questions about the child's primary caretaker or guardian (Person child lives with).

What is the primary caretaker/guardian's race/ethnicity? (check only one)

- Alaska Native or American Indian Pacific Islander White Other (please specify): _____
- Armenian Persian/Iranian Multiracial Decline to answer

- | | | |
|--|--|--|
| Asian
<input type="checkbox"/> Chinese <input type="checkbox"/> Japanese
<input type="checkbox"/> Cambodian <input type="checkbox"/> Korean
<input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese
<input type="checkbox"/> Indian <input type="checkbox"/> Other Asian: _____ | Black
<input type="checkbox"/> African American
<input type="checkbox"/> African
<input type="checkbox"/> Caribbean
<input type="checkbox"/> Other Black: _____ | Hispanic/Latino
<input type="checkbox"/> Central American <input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Cuban <input type="checkbox"/> South American
<input type="checkbox"/> Dominican <input type="checkbox"/> Other Hispanic: _____
<input type="checkbox"/> Mexican |
|--|--|--|

In what country was the primary caretaker/guardian born? (check only one)

- Armenia Guatemala Iran Peru Vietnam
- China Honduras Mexico Philippines Other: _____
- El Salvador Korea Nicaragua United States Decline to answer

If not born in the United States, how long have you/they lived in the US?

- Under 1 year 8 yrs - under 10 yrs
- 1 year to under 3 yrs 10 yrs - under 15 yrs
- 3 yrs - under 5 yrs 15 yrs or more
- 5 yrs - under 8 yrs Decline to answer

What is the highest level of school completed by the child's mother/primary female caretaker? (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

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

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

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

What is the yearly household income?

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

What type of financial support is currently a regular source of income in the household? (check all that apply)

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