

Providers: Please return by fax to (213) 416-1991 or by mail to: LAUP, Attention: Legal & Compliance Enrollment Forms, 750 N. Alameda St., Suite 200, Los Angeles, CA 90012.



Center/ FCC Name: _____

Classroom Name: _____

Session (AM, PM, etc.): _____

LAUP CHILD ENROLLMENT FORM

We are pleased that Los Angeles Universal Preschool will be providing support to your child's preschool program! Los Angeles Universal Preschool (LAUP), a non-profit organization, is breaking new ground in early childhood education. Our mission is to expand access to high-quality preschool across Los Angeles County. Please fill out the information in this form in order to enroll your child in the LAUP Program. All information provided is confidential. LAUP is asking you to provide this information so that we can improve the quality of our programs and identify children who may need additional services. Only selected LAUP staff members will be able to see your and your family's personal information and this information will not be shared with anyone else. Any information reported to anyone outside LAUP will be **without** names or other identifying information. Potential parties reviewing this non-identifying information may include representatives of LAUP, First 5 LA, independent auditors, or others as necessary for the evaluation and administration and to secure ongoing funding of the program. Providing this information to LAUP is voluntary and will not affect your child's participation in the LAUP Program. However, blank forms will not be accepted. Please provide an answer for every question, using the "Decline to Answer" option when necessary. **Your child may not be enrolled in the LAUP program unless this form is completed, signed and dated.**

Today's Date _____

Child Information

1. Child's Name _____

2. Child's Gender: Male Female

3. Child's date of birth: _____

4. Child's Primary Residence: (Indicate Street Address including Apt. # if applicable, City and Zip Code)

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

- | | |
|---|---|
| <input type="checkbox"/> Alaska Native or American Indian | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Central American <input type="checkbox"/> Cuban |
| <input type="checkbox"/> Chinese <input type="checkbox"/> Cambodian | <input type="checkbox"/> Dominican <input type="checkbox"/> Mexican |
| <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese | <input type="checkbox"/> Puerto Rican <input type="checkbox"/> South American |
| <input type="checkbox"/> Korean <input type="checkbox"/> Other Asian: _____ | <input type="checkbox"/> Other Hispanic: _____ |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Black | <input type="checkbox"/> White |
| <input type="checkbox"/> African American <input type="checkbox"/> Other Black: _____ | <input type="checkbox"/> Multiracial (please specify): _____ |
| <input type="checkbox"/> African _____ | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Decline to answer |

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

- | | | | |
|--|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Armenian | <input type="checkbox"/> Cantonese |
| <input type="checkbox"/> Tagalog | <input type="checkbox"/> Farsi | <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other (please specify): _____ | <input type="checkbox"/> Decline to answer | | |

7. What languages do you speak with the child? (check all that apply)

- | | | | |
|--|----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Armenian | <input type="checkbox"/> Cantonese |
| <input type="checkbox"/> Tagalog | <input type="checkbox"/> Farsi | <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other (please specify): _____ | | <input type="checkbox"/> Decline to answer | |

8. What is your child's primary language? (check only one)

- | | | | |
|--|----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Armenian | <input type="checkbox"/> Cantonese |
| <input type="checkbox"/> Tagalog | <input type="checkbox"/> Farsi | <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Other (please specify): _____ | | <input type="checkbox"/> Decline to answer | |

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

- Yes No **9a. If yes, please specify where:** _____

10. Do you need child care for any other children in your household?

- Yes No Decline to answer

11. Has the child ever attended child care or preschool before enrolling in the LAUP program?

- Yes No Decline to answer

11a. If yes, how many months did the child attend child care or preschool before enrolling in the LAUP program? _____ Decline to answer

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

- | | |
|---|---|
| <input type="checkbox"/> Word-of-mouth | <input type="checkbox"/> Referred by DCFS |
| <input type="checkbox"/> Print (flyer, banner, newspaper, etc.) | <input type="checkbox"/> Referred by Regional Center |
| <input type="checkbox"/> Radio/ TV Advertisement | <input type="checkbox"/> Referred by Resource and Referral Agency |
| <input type="checkbox"/> Referred by another parent | <input type="checkbox"/> Referred by Family Resource Center |
| <input type="checkbox"/> Referred by elementary school | <input type="checkbox"/> LAUP website |
| <input type="checkbox"/> Referred by another preschool provider | <input type="checkbox"/> LAUP infoline |
| <input type="checkbox"/> Referred by a community agency (WIC, etc.) | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Referred by church/ place of worship | <input type="checkbox"/> Decline to answer |

13. Had you heard of "LAUP" before sending your child to this preschool?

- Yes No Decline to answer

13a. If so, how did you hear about LAUP? _____

14. Does your child have health insurance? Yes No Decline to answer

14a. If "Yes", how is this insurance provided?

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

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

- Yes , please identify _____
- No
- Decline to answer

16. Do you think the child has a medical, developmental, and/or behavioral condition that may affect his/her performance in school?

- Yes
- No
- Decline to answer

16 a. If "Yes", in which area(s)? (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Health/ Physical | <input type="checkbox"/> Language/ Speech | <input type="checkbox"/> Overweight/ Obese |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Emotional/ Behavioral | <input type="checkbox"/> Underweight |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Hearing | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Other (please specify): _____ | | <input type="checkbox"/> Decline to answer |

16b. Please explain: _____

17. Has the child been diagnosed with a disability, special need or health concern?

- Yes
- No
- Decline to answer

17a. If "Yes", in which area(s)? (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Health/ Physical | <input type="checkbox"/> Language/ Speech | <input type="checkbox"/> Overweight/ Obese |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Emotional/ Behavioral | <input type="checkbox"/> Underweight |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Hearing | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Other (please specify): _____ | | <input type="checkbox"/> Decline to answer |

17b. Please explain: _____

18. Does your child currently have or has your child ever had an Individualized Family Service Plan (referred to as an "IFSP") or an Individualized Education Plan (referred to as an "IEP")?

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

Parent / Guardian / Foster Parent Information:

19. What is your relationship to the child enrolling in the LAUP program?

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

20. What is your race/ethnicity (check only one)

- | | |
|---|---|
| <input type="checkbox"/> Alaska Native or American Indian | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Central American <input type="checkbox"/> Cuban |
| <input type="checkbox"/> Chinese <input type="checkbox"/> Cambodian | <input type="checkbox"/> Dominican <input type="checkbox"/> Mexican |
| <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese | <input type="checkbox"/> Puerto Rican <input type="checkbox"/> South American |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Other Asian: _____ |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other Hispanic: _____ |
| <input type="checkbox"/> Black | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> African American <input type="checkbox"/> Other Black: _____ | <input type="checkbox"/> White |
| <input type="checkbox"/> African | <input type="checkbox"/> Multiracial (please specify): _____ |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Other (please specify): _____ |
| | <input type="checkbox"/> Decline to answer |

21. Were you born in the United States?

- Yes No Decline to answer

21a. If "No", in what country were you born? _____
 Decline to answer

21b. How long have you lived in the US? _____ Years _____ Months Decline to answer

22. What language do you and your family speak most often at home? (check only one)

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

22a. If you indicated a language other than English, which language(s)? (check all that apply)

- | | | |
|------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Korean | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Spanish | <input type="checkbox"/> Other (please specify): _____ |

23. How many adults older than 18 (including you) live in your home? _____ adults Decline to answer

24. How many children under 18 (including your LAUP child) live in your home? _____ children
 Decline to answer

24a. How many of these children are birth to age 5? _____ children Decline to answer

25. How many years of formal education has the child's mother/primary female caretaker completed?
 _____ Years Decline to answer

26. What is the highest level of school or degree completed by the child's mother/primary female caretaker completed?

- | | |
|--|--|
| <input type="checkbox"/> Less than High School | <input type="checkbox"/> Associates or technical school degree |
| <input type="checkbox"/> High School diploma/ GED | <input type="checkbox"/> Bachelor's degree or higher |
| <input type="checkbox"/> Some college | <input type="checkbox"/> Information on Mother unknown |
| <input type="checkbox"/> Other (please specify): _____ | <input type="checkbox"/> Decline to answer |

27. How many years of formal education has the child's father/primary male caretaker completed?

_____ Years Decline to answer

28. What is the highest level of school or degree completed by the child's father/primary male caretaker completed?

- | | |
|--|--|
| <input type="checkbox"/> Less than High School | <input type="checkbox"/> Associates or technical school degree |
| <input type="checkbox"/> High School diploma/ GED | <input type="checkbox"/> Bachelor's degree or higher |
| <input type="checkbox"/> Some college | <input type="checkbox"/> Information on Father unknown |
| <input type="checkbox"/> Other (please specify): _____ | <input type="checkbox"/> Decline to answer |

29. In which of the following ways would you like to be involved with your child's preschool?

(check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Volunteering in the classroom | <input type="checkbox"/> Parent-teacher conferences |
| <input type="checkbox"/> Chaperoning field trips | <input type="checkbox"/> Participating in parent workshops/trainings |
| <input type="checkbox"/> Donations or fundraising | <input type="checkbox"/> Attending preschool-hosted social events |
| <input type="checkbox"/> Back-to-school night or open house | <input type="checkbox"/> Providing input on class/school activities |
| <input type="checkbox"/> Attending parent meetings | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Participating in an advisory group | <input type="checkbox"/> Decline to answer |

30. What is your yearly household income?

- | | |
|--|--|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$40,000 – less than \$50,000 |
| <input type="checkbox"/> \$10,000 – less than \$20,000 | <input type="checkbox"/> \$50,000 – less than \$75,000 |
| <input type="checkbox"/> \$20,000 – less than \$30,000 | <input type="checkbox"/> \$75,000 or more |
| <input type="checkbox"/> \$30,000 – less than \$40,000 | <input type="checkbox"/> Don't know/Decline to answer |

31. What type of assistance is currently a regular source of support in your household? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> SSI |
| <input type="checkbox"/> CalWORKs | <input type="checkbox"/> Temporary Assistance to Needy Families (TANF) |
| <input type="checkbox"/> Child Care Subsidies (other than LAUP) | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Earned Income Credit | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> Food Stamps | |

32. Please indicate if you meet any of the following criteria to receive a waiver of the parent investment fee:

- | | |
|--|--|
| (a) Parent of a child with a current Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) Foster parent | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) Parent with a child under the supervision of the Department of Children and Family Services (DCFS) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) Parent under the age of 18 involved in the juvenile probation system | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (e) Relative caregiver | <input type="checkbox"/> Yes <input type="checkbox"/> No |

33. Please indicate if you or your family is in need of information regarding any of the following resources:

- | | | |
|--|------------------------------|-----------------------------|
| Medical Care | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dental Care | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mental Health Services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Food Assistance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Housing/Shelter | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employment Assistance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Prenatal Care | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Domestic Violence Assistance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Substance Abuse Information or Treatment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Permission—Consent

1. I declare that the above information is true and correct to the best of my knowledge.
2. I will notify the Center immediately of any changes to the above information.
3. I understand that my child's participation in the LAUP program will consist of 3.5 hours per day, for a minimum of 4 days per week (unless otherwise stated in my child's IEP).
4. My authorization for LAUP's use of the information on this form is voluntary. My child's participation in the LAUP Program will not be affected if I select "Decline to Answer" for any questions on this form.
5. I understand that non-identifying information from this form and other information that I provide to the Center through participation in surveys, focus groups and interviews may be reviewed by representatives of LAUP, First 5 LA, independent auditors, or others as necessary for the evaluation and administration and to secure ongoing funding of the program.
6. I understand that LAUP is providing financial and other support to my child's preschool program, but that the preschool center itself is responsible for the content and quality of my child's learning experience. I agree that LAUP will not be liable to me or my child as a result of his or her participation in the preschool program.

Signature of Parent/Guardian:	Date:
Print Name:	Phone Number:

For additional information or questions, please visit the LAUP website, www.laup.net or call LAUP at (866) 581-LAUP (5287).

<input type="checkbox"/> Parent/Guardian Copy	<input type="checkbox"/> Center/ FCC Copy	<input type="checkbox"/> LAUP Copy
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