

PRESCHOOL PROMISE ADDITIONAL CHILD SUPPLEMENTAL FORM

Child Information

| First Name: | Middle Name: | | Last Name: | | |
|--|--|---------------|-----------------|--------------------------------|------------------------|
| Date of Birth: | Gender: | ☐ Male | ☐ Female | □ x | |
| What is your child's primary language? | ☐ English | ☐ Spanish | ☐ Russian | ☐ Vietnamese | ☐ Mandarin ☐ Cantonese |
| | ☐ Other: | | | | |
| What language(s) do you speak at home? | ☐ English | ☐ Spanish | ☐ Russian | ☐ Vietnamese | ☐ Mandarin ☐ Cantonese |
| | ☐ Other: | | | | |
| Child's Race and Ethnicity: (Select all that apply | | | | | |
| American Indian or Alaska Native | Asian | | | Black or | African American |
| ☐ American Indian | Asian Indian | | | ☐ African American | |
| ☐ Alaska Native | ☐ Chinese | | | ☐ African (Black) | |
| ☐ Canadian Inuit, Metis, or First Nation | ☐ Filipino/a | | | ☐ Caribbean (Black) | |
| ☐ Indigenous Mexican, Central American, | ☐ Hmong | | | ☐ Other Black | |
| or South American | ☐ Japanese | | | WI 9 | |
| | ☐ Koreai | | | White | _ |
| Native Hawaiian or Pacific Islander ☐ Guamanian or Chamorro | ☐ Laotian | | | ☐ Eastern European ☐ Slavic | |
| ☐ Micronesian | ☐ South Asian ☐ Vietnamese | | | ☐ Western European | |
| ☐ Native Hawaiian | ☐ Other Asian | | | ☐ White/Caucasian | |
| ☐ Samoan | - Other | risian | | ☐ Other | |
| ☐ Tongan | Hispanic o | or Latino/a | | | |
| ☐ Other Pacific Islander | ☐ Hispanic or Latino/a Central America | | | n Other Categories | |
| | ☐ Hispanic or Latino/a Mexican | | | ☐ Other (Please list) | |
| Middle Eastern/Northern African | ☐ Hispanic or Latino/a South American | | | | |
| ☐ Northern African | ☐ Other Hispanic or Latino/a | | | ☐ Decline/Don't want to answer | |
| ☐ Middle Eastern | | | | | |
| Is this child currently enrolled in a child care or p | preschool prog | ram? 🛭 Ye | s 🗆 No | | |
| If yes, list the name of the program: | | | | | |
| Is this child in a state approved foster care place | ement? 🛚 Y | es 🗆 No | | | |
| Does this child have an Individual Family Service | e Plan (IFSP) to | support their | development? | P □ Yes □ No | |
| Does this child have any other health, nutrition, | behavioral or | mental health | concern that r | equires specialized | d supports? ☐ Yes ☐ No |
| If yes, list any health partners, ECSE specialist, o | or other provide | ers you would | like us to know | v about: | |
| What is your household size? | | | | | |
| Based on the definition below, do you consider | your family to | be homeless? | ¹□ Yes □ | No | |

Homeless – a child may be considered homeless if the family meets one of the criteria of the McKinney-Vento Definition of "Homeless" - Subtitle B of Title VII of the McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act) defines "homeless" as follows:

Individuals who lack a *fixed* (stationary/permanent), *regular* (used nightly), and *adequate nighttime residence* (sufficient to meet physical and psychological needs typically met in home environments). Child or family must be: (1) sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; (2) living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; (3) living in emergency or transitional shelters; (4) abandoned in hospitals; (5) awaiting foster care placement; (6) staying in a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; (7) living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and (8) migratory children who are living in circumstances described above.

Legal Parent/Guardian

| I certify that the information given above is a true statement (legal parent/guardian signature and date required) | | | | | | |
|--|-----------|------|--|--|--|--|
| Print Name | Signature | Date | | | | |