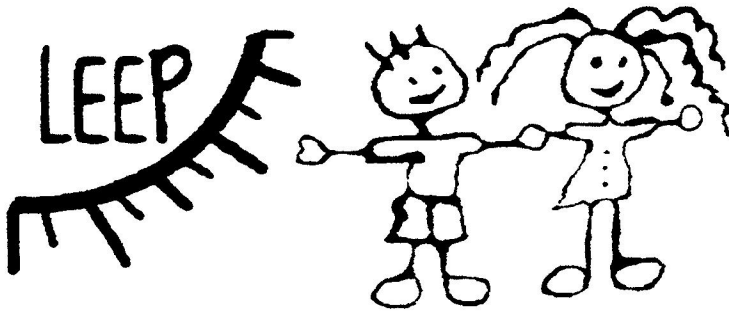


# Laclede Early Education Program



## STUDENT INFORMATION

Date: \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ male/female

Address \_\_\_\_\_  
(street/route/box) (city/state) (zip) (county)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Child's SSN # \_\_\_\_\_

Birth Place \_\_\_\_\_ Race \_\_\_\_\_ Religion \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_

Hair Color \_\_\_\_\_ Identifying Marks \_\_\_\_\_

Parents' names with whom the child lives: \_\_\_\_\_

(circle one: Mother/Stepmother/Guardian/Foster)

(circle one: Father/Stepfather/Guardian/Foster)

Other residents in the home: \_\_\_\_\_

Child's Parents are: ( ) Married ( ) Separated ( ) Divorced ( ) Other

( ) Mother Deceased ( ) Father Deceased

Father/Stepfather's Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother/Stepmother's Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Language spoken in the home: \_\_\_\_\_

Do you have other children? If yes, list names and ages \_\_\_\_\_

Does your child have another caretaker on a regular basis? If yes, give name and phone number. \_\_\_\_\_

Name of person(s) to notify in case of an emergency:

(1) Name: \_\_\_\_\_ (2) Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Diagnosis \_\_\_\_\_ Age at Onset: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Other Medical Information: \_\_\_\_\_

Method of funding: ( ) Medicaid number \_\_\_\_\_ ( ) First Steps ( ) LEEP ( ) Tuition

( ) ECSE contract ( ) Private Insurance—Policy Number: \_\_\_\_\_

Referred By: \_\_\_\_\_