

D. **Is English the Primary Language Spoken at Home?** Yes No

E. **Indicate the Current Annual Household Income in U.S. Dollars:**

Under \$10,000 \$ 20,000 - \$29,999 \$ 40,000 - \$49,999
 \$ 10,000 - \$ 19,999 \$ 30,000 - 39,999 \$ Over \$ 50,000

F. **Does the Child Qualify for the Free/Reduced Lunch Program? (Select One)**

Yes- Free Lunch Yes- Reduced Lunch No Don't Know

G. **How many children under the age of 18 currently live in the child's household, including this child?**

1 2 3 4 5 6 7 8 9 10 or more

H. **What is the Highest Grade in School that the Mother/Primary Guardian Completed?**

<input type="checkbox"/> No Mother or Female Guardian	<input type="checkbox"/> Some Education after High School
<input type="checkbox"/> Below 6 th grade	<input type="checkbox"/> High School Graduate
<input type="checkbox"/> 7 th grade	<input type="checkbox"/> Some education after High School
<input type="checkbox"/> 8 th grade	<input type="checkbox"/> Associate or Vocational Degree
<input type="checkbox"/> 9 th grade	<input type="checkbox"/> College Graduate
<input type="checkbox"/> 10 th grade	<input type="checkbox"/> Some Education after College
<input type="checkbox"/> 11 th grade	<input type="checkbox"/> Graduate Degree
<input type="checkbox"/> 12 th grade	<input type="checkbox"/> Don't Know
<input type="checkbox"/> GED	<input type="checkbox"/> Other

I. **What is the Highest Grade in School that the Father/ Secondary Guardian Completed?**

<input type="checkbox"/> No Father or Male Guardian	<input type="checkbox"/> Some Education after High School
<input type="checkbox"/> Below 6 th grade	<input type="checkbox"/> High School Graduate
<input type="checkbox"/> 7 th grade	<input type="checkbox"/> Some education after High School
<input type="checkbox"/> 8 th grade	<input type="checkbox"/> Associate or Vocational Degree
<input type="checkbox"/> 9 th grade	<input type="checkbox"/> College Graduate
<input type="checkbox"/> 10 th grade	<input type="checkbox"/> Some Education after College
<input type="checkbox"/> 11 th grade	<input type="checkbox"/> Graduate Degree
<input type="checkbox"/> 12 th grade	<input type="checkbox"/> Don't Know
<input type="checkbox"/> GED	<input type="checkbox"/> Other

J. **Was the Child in any type of Non-Parental Care for a Period of 6 months or Longer before Entering the Pre-Kindergarten Program?** Yes No

If yes, indicate type of child care used for 6 months or longer since birth:

<input type="checkbox"/> Child Care Center	<input type="checkbox"/> Registered family day care
<input type="checkbox"/> Care Center in a church	<input type="checkbox"/> At child's home with relative
<input type="checkbox"/> Early Head Start (for ages 0-2)	<input type="checkbox"/> At relative's home
<input type="checkbox"/> Head Start	<input type="checkbox"/> At neighbor's home
<input type="checkbox"/> At Child's home with paid babysitter	<input type="checkbox"/> Other (Specify: _____)

Name of School/Center: _____

Parent Signature: _____ Date: _____