Updated 01/18/2018

ELN Data Fields Form
Child and Family Information

***Instructions**:* This form is designed to give programs information on all the data that is being captured in the Early Learning Network (ELN). Programs may use this form to collect information from families or may use it to adapt current program forms. Please capture the Child and Family Information in the fields provided below. Please use one form per Child to collect this information.
Fields marked with an * are required.

Please note: This document contains sensitive personally identifiable information. Please handle / store this information carefully.

Location Name: _____

Child Demographics Information

Last Name:* _____ MI: ____ First Name*: _____

Suffix: _____ (Jr., Sr., I, II, etc.)

Ethnicity:* ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Race:* (Select all that apply)
- ☐ American Indian or Alaskan
- ☐ Asian
- ☐ Black or African American
- ☐ White
- ☐ Native Hawaiian or Pacific
- ☐ Unknown
- ☐ Other

Gender:* ☐ Female ☐ Male

Date of Birth:* _____

Child's Social Security Number: _____---_____---_____

SSN Note: SSN is optional and is only used for the Child Clearance process. Enter all 9 digits or leave the field blank. If you do enter all 9 digits, only the last 5 digits will show in this field. All other digits will be masked.

Programs this child is enrolled in this location: (Select all that apply)
- ☐ Head Start State Supplemental Assistance Program
- ☐ PA Pre-K Counts
- ☐ School District Pre-K
- ☐ Keystone STARS
- ☐ Other

Is English the 1st language for the Child?: ☐ Yes ☐ No

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pennsylvania PELICAN Early Learning Network
Pennsylvania's Enterprise to Link Information for Children Across Networks

Please note: First, complete the Legal Guardian Information for the guardian who resides at the primary residence of the child. All other guardians may also be entered. Copy pages as needed.

Legal Guardian Information

Last Name:*_____ First Name:*_____ MI:_____

Suffix: _____ (Jr., Sr., I, II, etc.)

Gender:* ☐ Female ☐ Male

Relationship to Child:

☐ Father ☐ Mother ☐ Grandparent ☐ Guardian ☐ Other ☐

Secondary Relationship to Child:

☐ Biological ☐ Foster ☐ Adoptive ☐ Step Parent ☐ Other ■

Role:

☐ Primary Guardian	☐ Representative Payee
☐ Secondary Guardian	☐ Personal Guardianship
☐ Legal Guardian	☐ Substitute Decision Maker
☐ Caregiver	☐ Child Care Worker
☐ Support Team Member	☐ Case Worker
☐ Power Of Attorney	☐ Primary Care Physician
☐ Living Will	☐ Specialist
☐ Fiscal Guardianship	☐

Address Line 1:*_____

Address Line 2: _____

City:*_____ State:*_____

Zip Code:*_____

County:*_____

School district of Residence:*_____

☐ Check here if the School District of Residence is out of state.

☐ Send Correspondence to this legal guardian

☐ Primary address of the child

Phone:_____ Email: _____

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Child Enrollment Information

Complete the following table for each of the classrooms in which the child is enrolled.

Classroom Session Name*	Physical Room*	Classroom Session Begin Date*	Classroom Session End Date	Program (Select all that apply) - Head Start - PA Pre-K Counts - School District Pre-K -Keystone Stars -Other	Sub Program* (Options depend on Program selection) - Early Head Start - Head Start- (Pre-School) -PA-Pact-ACT -PA-Pact-ABG -Title I -Child Care -Keystone Stars -School District Pre-K -PA Pre-K Counts -N/A	Funding Source* (Options depend on Program selection) - Child Care Works Subsidy -No Child Care Works Subsidy -Federal -State-OCDEL -State-Pass Through/ARRA -Both State and Federal -Local	-Days per week -Days per month	-Hours per week -Hours per month	Schedule* (Select one) -Full Day -Half Day