

Label Here  
 Child's Name \_\_\_\_\_  
 Program \_\_\_\_\_

### Family Profile

Enrolling Child's Name/Applicant's Name (EHS only): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you had other children enrolled in Reach Dane/Reach Green HS/EHS programs? Y N If yes, child's full name: \_\_\_\_\_

A. <u>Single-Parent Family</u> <b>** (only fill out this section (A))**</b>	B. <u>Two-Parent Family</u> <b>** (fill out both sections A &amp; B)**</b>										
<b>Parent/Guardian Name:</b> _____ <b>Date of Birth:</b> ____/____/____ <b>Sex (Please Circle):</b> Male    Female <b>Primary Health Insurance (Please Circle):</b> Badger Care/MA    Private Insurance    Other: _____ <b>Race (Please Circle):</b> • American Indian or Alaska Native      • Asian      • Black/African American • Native Hawaiian/Pacific Islander      • White      • Bi-Racial/Multi-Racial • Other (specify): _____ <b>Ethnicity:</b> Hispanic/Latino      Non-Hispanic/Latino <b>Highest Educational Grade Completed (Please Circle):</b> 1 2 3 4 5 6 7 8 9 10 11 12 GED HSED 13 14 15 16 Associates BA Grad School No Education <b>Employed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>In School/Job Training:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please circle Part Time or Full Time Circle if applicable: Currently in Military or Veteran	<b>Parent/Guardian Name:</b> _____ <b>Date of Birth:</b> ____/____/____ <b>Sex (Please Circle):</b> Male    Female <b>Primary Health Insurance (Please Circle):</b> Badger Care/MA    Private Insurance    Other: _____ <b>Race (Please Circle):</b> • American Indian or Alaska Native      • Asian      • Black/African American • Native Hawaiian/Pacific Islander      • White      • Bi-Racial/Multi-Racial • Other (specify): _____ <b>Ethnicity:</b> Hispanic/Latino      Non-Hispanic/Latino <b>Highest Educational Grade Completed (Please Circle):</b> 1 2 3 4 5 6 7 8 9 10 11 12 GED HSED 13 14 15 16 Associates BA Grad School No Education <b>Employed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>In School/Job Training:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please circle: Part Time or Full Time Circle if applicable: Currently in Military or Veteran										
<b>Other Household Members:</b> Name: _____ DOB: ____/____/____ Sex: ____ Rel to Child: _____ Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ DOB: ____/____/____ Sex: ____ Rel to Child: _____ Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ DOB: ____/____/____ Sex: ____ Rel to Child: _____ Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ DOB: ____/____/____ Sex: ____ Rel to Child: _____ Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ DOB: ____/____/____ Sex: ____ Rel to Child: _____ Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Home Language Survey:</b> What is the primary language used at home (home language)? _____ What language do family members use when speaking to the child in the home? (please circle one) <table style="width:100%; text-align: center; border: none;"> <tr> <td style="width: 20%;">only English</td> <td style="width: 20%;">mostly English but sometimes home language</td> <td style="width: 20%;">both equally</td> <td style="width: 20%;">mostly home language but some English</td> <td style="width: 20%;">only home language (not English)</td> </tr> </table> What language does the child use when speaking to family members in the home? (please circle one) <table style="width:100%; text-align: center; border: none;"> <tr> <td style="width: 20%;">only English</td> <td style="width: 20%;">mostly English but sometimes home language</td> <td style="width: 20%;">both equally</td> <td style="width: 20%;">mostly home language but some English</td> <td style="width: 20%;">only home language (not English)</td> </tr> </table>	only English	mostly English but sometimes home language	both equally	mostly home language but some English	only home language (not English)	only English	mostly English but sometimes home language	both equally	mostly home language but some English	only home language (not English)
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only English	mostly English but sometimes home language	both equally	mostly home language but some English	only home language (not English)							
<b>Child Care (for Enrolling Child) <u>Head Start and EHS Only</u></b> Does the EHS/HS Enrolling Child <i>need or have</i> <b>Full-Day/Full-Year</b> child care? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the family receive a child care subsidy (voucher or contracted slot), whether the care is provided through HS/EHS or another provider? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , please answer the following: Received <b>Full-Day, Full-Year</b> care with EHS/HS? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Primary Source of child care when the child was NOT in EHS or HS?</b> <input type="checkbox"/> Receive care at family childcare home <input type="checkbox"/> Receive care at a childcare center or classroom <input type="checkbox"/> Receive care at home or at another home with a relative or unrelated adult <input type="checkbox"/> Receive care through a public school pre-Kindergarten program. <input type="checkbox"/> Other (specify): _____	<b>Who has custody or guardianship?</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____ <b>Does the Enrolling Child live in the physical custody of more than one parent/guardian during the enrollment year (Dual Custody)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Are there any custody or visitation issues?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify, & attach a court order: _____ _____										