

Enrollment – Child

Date: _____ Staff: _____

First Name: _____ Middle Initial: _____

Last Name: _____

Address: _____

Adult Caregiver: _____

Case Number: ETO will assign this

**DOB: ____ / ____ / ____

Gender: Female Male

Child's Race:

- | | | |
|--|---|--|
| <input type="radio"/> American Indian or Alaska Native | <input type="radio"/> Black or African American | <input type="radio"/> White |
| <input type="radio"/> Asian | <input type="radio"/> Native Hawaiian or other Pacific Islander | <input type="radio"/> More than one race |
| | | <input type="radio"/> Unrecorded |

Child's ethnicity:

- | | | |
|---|---|----------------------------------|
| <input type="radio"/> Hispanic or Latino/Latina | <input type="radio"/> Not Hispanic or Latino/Latina | <input type="radio"/> Unrecorded |
|---|---|----------------------------------|

Relationship to Primary Caregiver:

- | | | |
|--|------------------------------------|--|
| <input type="radio"/> Adopted Child | <input type="radio"/> Foster Child | <input type="radio"/> Relative/Friend/Legal Guardian |
| <input type="radio"/> Biological Child | <input type="radio"/> Other | |

Is this child from a multiple birth pregnancy?

- | | | |
|--------------------------|---------------------------|-------------------------------|
| <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> Unknown |
|--------------------------|---------------------------|-------------------------------|

What was the infant/child's birthweight?

- | | |
|-----------|------------------------------------|
| _____ LBS | <input type="radio"/> Unknown lbs. |
| _____ OZ | <input type="radio"/> Unknown oz. |

Enrollment – Child

Is the child currently receiving, or has the child ever received, services through Alabama's Early Intervention Program (Part C)?

- Yes No Unknown

Is the child currently receiving, or has the child ever received, preschool special education services from the local school system (Part B)?

- Yes No Unknown

Well-Child Visit

What is the child's usual source of medical care?

- Doctor's/NP's Office Hospital Outpatient Urgent Care, Retail Store or Minute Clinic None
- Hospital ER Federally Qualified Health Center Other Unknown/Did Not Report

Does the child have a usual source of Dental Care?

- Yes No Unknown/Did Not Report

Child's Insurance Status

- No Insurance Coverage Medicaid/State Children's Insurance Program Unknown/Not Reported
- TRICARE Private or Other

Safe Sleep

****Please answer the following questions if the child is less than 12 months old:**

Do you always place child to sleep on their back?

- Yes No

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Do you always place child to sleep without bed sharing or soft bedding?

Yes

No

County:

Barbour

Bibb

Blount

Bullock

Butler

Calhoun

Chambers

Cherokee

Chilton

Clay

Cleburne

Colbert

Conecuh

Coosa

Cullman

Dallas

DeKalb

Franklin

Greene

Hale

Jefferson

Lamar

Lowndes

Macon

Marengo

Marion

Marshall

Mobile

Monroe

Montgomery

Morgan

Perry

Pickens

Randolph

Russell

Shelby

Sumter

Talladega

Tallapoosa

Tuscaloosa

Walker

Wilcox

Winston