

Child Name:  
Parent(s) Name:  
Address:  
Phone Numbers:  
Neighborhood School:

**1. Eligible for free or reduced lunch:**

- Yes
- No
- I don't know

**2. Eligible for a fee waiver:**

- Yes
- No
- I don't know

Review the list below. How many of these circumstances have ever applied to your four-year-old child? (Do not mark which of these apply to your child. We only want to know how many apply.)

Enter number that apply to your child here: \_\_\_\_\_

- The mother of child did not graduate from high school
- Single parent
- Language spoken in the home most often is NOT English
- Child born to teenage mother
- Child exposed to physical abuse or domestic violence
- Child exposed to substance abuse (drugs or alcohol)
- Child exposed to stressful life events (death of a parent, chronic illness or parent or sibling, mental health issues, etc.)
- Parent has been incarcerated
- Child lives in a neighborhood with high violence/crime
- One or both parents has a low reading ability
- Family has moved more than once in the last year
- Child has been to foster care

**Affirmation:**

I certify that the above information is true and accurate to the best of my knowledge.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_