

Early Adventures

ELIGIBILITY FORM

For Official Use Only

Site: _____
 Home School: _____
 Points: _____
 Birth Number: _____
 Birth City & State: _____

The **Early Adventures** Program is designed and funded specifically for **FOUR YEAR OLD CHILDREN** who may be considered “at-risk” and need extra help to get a good start in school. Please complete **ALL** information below and check all items that apply to your family and your child.

Child’s Full Name: _____ Child’s age 9/30/20__ : **Birth date:** _____
(First, Middle & Last name)

Child’s SS#: _____ **Ethnicity:** Is the student Hispanic or Latino? Y or N **Race:** _____
 (American Indian; White; Native Hawaiian or Other Pacific Islander; Black; Asian) **Sex:** Male Female

Name of person filling out this form: _____ Relationship to child: _____

Address: _____ Chesapeake, VA ZIP: _____

Home phone #: _____ Cell#: _____ Marital status: Single Divorced

Emergency Contact /Name & Number): _____ Married Separated

Are you the child’s natural parent(s)? Yes No if no, how are you related? _____

Do you have court ordered legal custody of the child? Yes No
(Please provide documentation as Custody papers will be required pending enrollment)

Has this child been in a school setting before: Pre-K Program or Daycare Program) Yes No
 If yes where/address: _____

Mother’s Name: _____ Birth Mother Stepmother Birth date: _____ Age: _____

SS# _____ Mother’s employer or school: _____ Part-time Full-time

Mother’s work phone: _____ if military, Rank/Duty Station: _____

Father’s Name: _____ Birth Father Stepfather Birth date: _____ Age: _____

SS# _____ Father’s employer or school: _____ Part-time Full-time

Father’s work phone: _____ If military, Rank/Duty Station: _____

Age of mother/father at birth of first child? ____/____ First child’s birth date: _____

Please list all persons living in household (include yourself and your child):

First Name:	Last Name:	Age:	Birth date:	Sex:	How related to child:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Please check/explain all risk factors that apply:

1. The child is being raised in a single, one parent household (**not including military separations**). Describe contact with other parent, how long separated, etc.

2. Has this child received Special Education Services? Yes No
If yes, please describe school, dates, etc.: _____

3. Has this child been diagnosed? ADD ADHD LD ED

4. Did parent **graduate** from high school : Mother: YES/NO, if no, G.E.D? Father: YES/NO, if no, G.E.D?

5. Family is under stress due to:

a. **Violence or crime in neighborhood:** (please explain any violence or fights you or your child has seen or encountered in your neighborhood or subdivision).

b. **Domestic Violence/Traumas:** (please explain any situation you or your child has witnessed or encountered).

c. **Homelessness:** Have you moved more than twice in the past 12 months? Yes No
Are you currently residing with a relative, friend or in a shelter? Yes No
(please explain): _____

d. **Incarceration** (please explain: reason, place and time) : Mother Father

6. Family Instability:

- | | | |
|---|--|---|
| <input type="checkbox"/> Separation/Divorce/Family Break-Up | <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Family in Counseling |
| <input type="checkbox"/> Active Duty Military | <input type="checkbox"/> Physical/Sexual Abuse | <input type="checkbox"/> Violent Behavior |
| <input type="checkbox"/> Lack of Family in Area | <input type="checkbox"/> Suicide | |

(please explain): _____

7. Family Health : (those living in the household and related)

- | | | |
|--|--|---|
| <input type="checkbox"/> Chronic Illness/Health conditions | <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Speech/Language problems |
| <input type="checkbox"/> Asthma/Allergies/Eczema | | |

(please explain): _____

8. **Limited English Proficiency:** Family Child

(If child is bilingual, what is the first language?): _____

9. Economic Difficulties:

- WIC #: _____
- Monthly income and/or child support received: \$ _____ Yearly Income: \$ _____

I understand that the information I have supplied on this form is the basis for my child's eligibility. Eligibility is based on weighted factors as explained above. Any false information could be grounds for the child's dismissal from the program. THIS IS NOT A FIRST COME - FIRST SERVE PROCESS FOR ELIGIBILITY IN OUR PROGRAM.

Signature of Parent or Guardian

Date