



# SKIP

## CHILD ENROLLMENT



\*Enrollment Date: \_\_\_\_\_

\*Child's Name: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

\*Address: \_\_\_\_\_  
(Street) (Apt/Lot #) (City) (Zip Code)

\*Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  Boy  Girl  Check if the child is prenatal

**\*Race / Ethnicity:**

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Asian American                   | <input type="checkbox"/> Caucasian / White                         |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Hispanic/Latino                           |

Food Allergies:  Yes  No

Immunizations Current:  Yes  No

Does the child have health insurance?  Medicaid  MI Child  Private/Other  None

Enrolled in daycare or preschool?  Yes  No

**If yes, check all that apply:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Daycare/Nursery  | <input type="checkbox"/> Head Start            | <input type="checkbox"/> MI School Readiness      |
| <input type="checkbox"/> Preschool        | <input type="checkbox"/> Early On <sup>®</sup> | <input type="checkbox"/> ECPS (Special Education) |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> MSS-IS                | <input type="checkbox"/> Other:                   |

*Do you have any concerns?*

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*For Staff Use Only:*

Alt ID: \_\_\_\_\_  
 UIC: \_\_\_\_\_  
 M.I. \_\_\_\_\_