



Child Information

First Name: Middle Name: Last Name:

Date of Birth: Gender: Male Female X

What is your child's primary language? English Spanish Russian Vietnamese Chinese Other:

What language(s) do you speak at home? English Spanish Russian Vietnamese Chinese Other:

Child's Race and Ethnicity:

American Indian or Alaska Native

- American Indian
Alaska Native
Canadian Inuit, Metis, or First Nation
Indigenous Mexican, Central American, or South American

Native Hawaiian or Pacific Islander

- Guamanian or Chamorro
Micronesian
Native Hawaiian
Samoan
Tongan
Other Pacific Islander

Middle Eastern/Northern African

- Northern African
Middle Eastern

Asian

- Asian Indian
Chinese
Filipino/a
Hmong
Japanese
Korean
Laotian
South Asian
Vietnamese
Other Asian

Hispanic or Latino/a

- Hispanic or Latino/a Central American
Hispanic or Latino/a Mexican
Hispanic or Latino/a South American
Other Hispanic or Latino/a

Black or African American

- African American
African (Black)
Caribbean (Black)
Other Black

White

- Eastern European
Slavic
Western European
White/Caucasian
Other White

Other Categories

- Other (Please list)
Don't know/Unknown
Decline/Don't want to answer

Do you consider your family to be homeless (see page 4)? Yes No

Does your family have an Individual Family Service Plan (IFSP) to support your child's development? Yes No

Does your child have any other health, nutrition, behavioral or mental health concern that requires specialized supports? Yes No

If yes, list any health partners, ECSE specialist, or other providers you would like us to know about:

Is your child currently enrolled in a preschool program? Yes No

If yes, list the name of the program:

Parent/Guardian 1 Information

First Name: Middle Name: Last Name:

Relationship to child: Parent Legal Guardian Foster Parent Other:

Child lives with Parent/Guardian what percentage of time: 0% 1 to 25% 26 to 50% 51 to 74% 75 to 99% 100%

Parent/Guardian 1 Contact Information:

Primary Phone: Secondary Phone: Email:

Mailing Address: City: Zip Code:

Physical Address (if different): City: Zip Code:

How do you prefer to be contacted? Primary Phone Secondary Phone Email Other: _____

Parent/Guardian 1 Language:

In what language do you prefer to receive . . .

Written Communication: English Spanish Russian Vietnamese Chinese Other: _____

Verbal Communication: English Spanish Russian Vietnamese Chinese Other: _____

Parent/Guardian 1 Employment Status:

Check all that apply: Employed PT/FT Student Unemployed Business Owner Other: _____

Parent/Guardian 2 Information

First Name: _____ Middle Name: _____ Last Name: _____

Relationship to child: Parent Legal Guardian Foster Parent Other: _____

Child lives with Parent/Guardian what percentage of time: 0% 1 to 25% 26 to 50% 51 to 74% 75 to 99% 100%

Parent/Guardian 2 Contact Information:

Primary Phone: _____ Secondary Phone: _____ Email: _____

Mailing Address: _____ City: _____ Zip Code: _____

Physical Address (if different): _____ City: _____ Zip Code: _____

How do you prefer to be contacted? Primary Phone Secondary Phone Email Other: _____

Parent/Guardian 2 Language:

In what language do you prefer to receive . . .

Written Communication: English Spanish Russian Vietnamese Chinese Other: _____

Verbal Communication: English Spanish Russian Vietnamese Chinese Other: _____

Parent/Guardian 2 Employment Status:

Check all that apply: Employed PT/FT Student Unemployed Business Owner Other: _____

Parent/Guardian Signature

By signing this application, I confirm that I have given true and complete information and I understand that the Oregon Department of Education and its Early Learning Division may verify the information on this form. I understand that making false statements or intentionally omitting information may subject me to state and federal penalties. I understand Preschool Promise is a state funded program and preschool services provided under the Preschool Promise program may end if funds are no longer available.

I understand and agree that the information on this form and any tests or reports describing my child’s educational progress in the Preschool Promise Program may be shared with entities and individuals involved in the Preschool Promise Program, including preschool providers, Enrollment Committees, Early Learning Hubs, Education Service Districts and the Oregon Department of Education and its Early Learning Division, for the purpose of administering and evaluating the Preschool Promise Program.

Submission of this eligibility form is not a guarantee of admission into the Preschool Promise program.

Parent/Guardian Signature and Date Required.

Print Name

Signature

Date