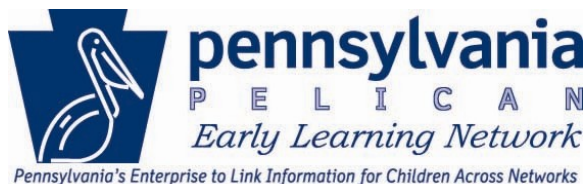


ELN Data Fields Form

Child and Family Information



Instructions: This form is designed to give programs information on all the data that is being captured in the Early Learning Network (ELN). Programs may use this form to collect information from families or may use it to adapt current program forms. Please capture the Child and Family Information in the fields provided below. Please use one form per Child to collect this information.

Fields marked with an * are required.

Please note: This document contains sensitive personally identifiable information. Please handle / store this information carefully.

Location Name: _____

Child Demographics Information

Last Name:* _____ MI: _____ First Name*: _____

Suffix: _____ (Jr., Sr., I, II, etc.)

Ethnicity:* Hispanic Non-Hispanic Unknown

Race:* (Select all that apply)

- American Indian or Alaskan
- Asian
- Black or African American
- White
- Native Hawaiian or Pacific
- Unknown
- Other

Gender:* Female Male

Date of Birth:* _____

Child's Social Security Number: _____-____-____

Programs this child is enrolled in this location: (Select all that apply)

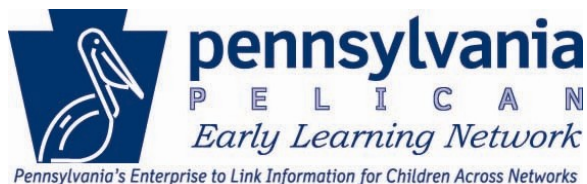
- Head Start State Supplemental Assistance Program
- PA Pre-K Counts
- School District Pre-K
- Keystone STARS
- Other

SSN Note: SSN is optional and is only used for the Child Clearance process. Enter all 9 digits or leave the field blank. If you do enter all 9 digits, only the last 5 digits will show in this field. All other digits will be masked.

Is English the 1st language for the Child?: Yes No

ELN Data Fields Form

Child and Family Information



Please note: First, complete the Legal Guardian Information for the guardian who resides at the primary residence of the child. All other guardians may also be entered. Copy pages as needed.

Legal Guardian Information

Last Name:* _____ First Name:* _____ MI: _____

Suffix: _____ (Jr., Sr., I, II, etc.)

Gender:* Female Male

Relationship to Child: ***Per Act 24, this field is not required. Please select "Not Required".**

Father Mother Grandparent Guardian Other **Not Required**

Secondary Relationship to Child: **Per Act 24, this field is not required. Please select "Not Required".**

Biological Foster Adoptive Step Parent Other **Not Required**

Role: **Per Act 24, this field is not required. Please select "Not Required".**

- | | |
|--|--|
| <input type="checkbox"/> Primary Guardian | <input type="checkbox"/> Representative Payee |
| <input type="checkbox"/> Secondary Guardian | <input type="checkbox"/> Personal Guardianship |
| <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Substitute Decision Maker |
| <input type="checkbox"/> Caregiver | <input type="checkbox"/> Child Care Worker |
| <input type="checkbox"/> Support Team Member | <input type="checkbox"/> Case Worker |
| <input type="checkbox"/> Power Of Attorney | <input type="checkbox"/> Primary Care Physician |
| <input type="checkbox"/> Living Will | <input type="checkbox"/> Specialist |
| <input type="checkbox"/> Fiscal Guardianship | <input type="checkbox"/> Not Required |

Address Line 1:* _____

Address Line 2: _____

City:* _____ State:* _____

Zip Code:* _____

County:* _____

School district of Residence:* _____

Check here if the School District of Residence is out of state.

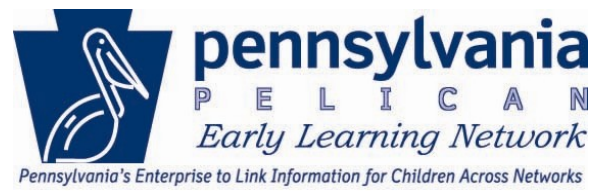
Send Correspondence to this legal guardian

Primary address of the child

Phone: _____ Email: _____

ELN Data Fields Form

Child and Family Information



Child Enrollment Information

Complete the following table for each of the classrooms in which the child is enrolled.

Classroom Session Name*	Physical Room*	Classroom Session Begin Date*	Classroom Session End Date	Program (Select all that apply) - Head Start - PA Pre-K Counts - School District Pre-K - Keystone Stars - Other	Sub Program* (Options depend on Program selection) - Early Head Start - Head Start- (Pre-School) -PA-Pact- ACT -PA-Pact- ABG -Title I -Child Care -Keystone Stars -School District Pre-K -PA Pre-K Counts -N/A	Funding Source* (Options depend on Program selection) - Child Care Works Subsidy -No Child Care Works Subsidy -Federal -State- OCDEL -State-Pass Through/AR RA -Both State and Federal -Local	-Days per week -Days per month	-Hours per week -Hours per month	Schedule* (Select one) -Full Day -Half Day