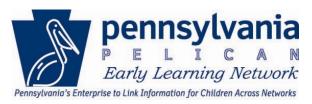
ELN Data Fields Form Child and Family Information

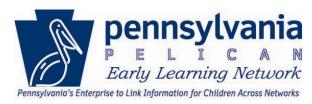


Instructions: This form is designed to give programs information on all the data that is being captured in the Early Learning Network (ELN). Programs may use this form to collect information from families or may use it to adapt current program forms. Please capture the Child and Family Information in 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 carefully.	le information. Please handle / store this information
Location Name:	
Child Demographics Information	
Last Name:* MI: First Name*: Suffix: (Jr., Sr., I, II, etc.)	
Ethnicity:*	
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:	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.
Head Start State Supplemental Assistance Program PA Pre-K Counts School District Pre-K Keystone STARS Other	
Is English the 1 st language for the Child?:	

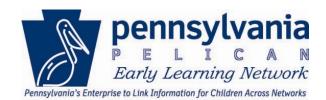
ELN Data Fields Form Child and Family Information



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 Namo:*	O.* NAL.							
Last Name:* First Nam	e:* 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 ☐ G	uardian							
Secondary Relationship to Child: Per Act 24, this field is not required. Please select "Not Required".								
☐ Biological ☐ Foster ☐ Adoptive ☐ Ste	p Parent Other Mot Required							
Role: Per Act 24, this field is not required. Plea	ase select "Not Required".							
 □ Primary Guardian □ Secondary Guardian □ Legal Guardian □ Caregiver □ Support Team Member □ Power Of Attorney □ Living Will □ Fiscal Guardianship 	Representative Payee Personal Guardianship Substitute Decision Maker Child Care Worker Case Worker Primary Care Physician Specialist Not Required							
Address Line 1:*								
Address Line 2:								
City:*Si	tate:*							
Zip Code:*								
County:*								
School district of Residence:*								
Check here if the School District of Residence	e is out of state.							
☐ Send Correspondence to this legal guardian								
☐ Primary address of the child								
Phone:	mail:							

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