

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. The order of information on the form matches the order it is entered into ELN.

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: Creative Care

Child Demographics Information

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

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

Ethnicity:* Hispanic Non-Hispanic Unknown

Race:* (Select all that apply)

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

Gender:* Female Male

Date of Birth:* _____

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

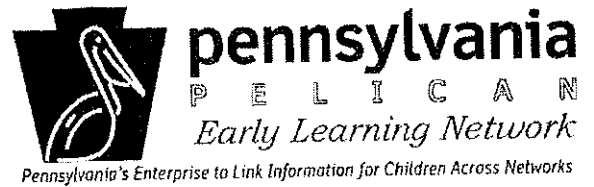
SSN Note: SSN is optional and is only used for the Child Clearance process. Only the last 5 digits will show in this field.

Is English the first language of the child?: Yes No

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

- Head Start State Supplemental Assistance Program
- PA PreK Counts
- PreK Accountability Block Grant
- STARS (3-4)
- Other

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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

Primary Guardian # / :

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

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

Gender:* Female Male

Date of Birth:* _____

Relationship to Child:*

Father Mother Grandparent Guardian Other: _____

Secondary Relationship to Child:*

Biological Foster Adoptive Step Parent Other: _____

Role:*

Primary Guardian Secondary Guardian Legal Guardian

Address Line 1: _____

Address Line 2: _____

City:* _____ State:* PA _____

Zip Code:* _____

County:* _____

School District of Residence:* _____

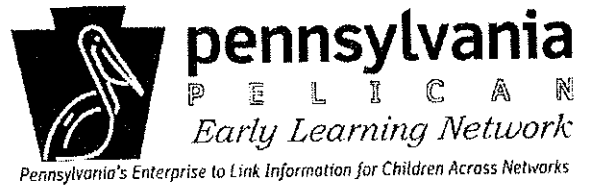
Send correspondence to this address

Primary address of the child

Phone: _____ Email: _____

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Other Information:

Education Status of Guardian (Check one only)

- Up to 8th Grade
- 9th to 11th Grade
- High School Diploma GED Vocational or Technical Program after High School
- Some College
- Associates Degree
- Bachelors Degree
- Graduate / Professional School
- Unknown

Employment Status of Guardian 1: (Select all that apply)

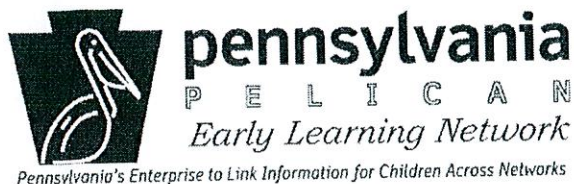
- Full-Time (30 hours/week and over)
- Part-Time (Fewer than 30 hours/week)
- More than one Part-Time
- Seasonal
- Student Full-Time
- Student Part-Time
- No Employment

Birth Mother's Highest Level of Education (if not already listed above)

- Up to 8th Grade
- 9th to 11th Grade
- High School Diploma GED Vocational or Technical Program after High School
- Some College
- Associates Degree
- Bachelors Degree
- Graduate / Professional School
- Unknown

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Child Enrollment Information

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

Classroom Name:*	Classroom Begin Date:*	Program Types in Classroom: * (Select all that apply) - Head Start State Supplemental Assistance Program, - PA PreK Counts - PreK Accountability Block Grant - STARS (3-4) -Other	Days per week:*	Hours per week:*	Schedule* (Select one) -Full Day -Half Day
		✓			
		✓			
		✓			
		✓			
		✓			

Child Health Information

Child's Birth Weight (Check one below)

- Normal (Greater than or equal to 5.8 lbs) Very Low (Less than or equal to 3.4)
 Low (Greater than or equal to 3.4 lbs) Unknown

Birth Mother's Year of Birth: _____ Unknown

What type of insurance does the Child currently have? (Check one below)

- CHIP Medical Assistance Private Insurance None Unknown

Has a Doctor diagnosed the child with any of the following? (Check one below)

- Anemia Asthma Diabetes Obesity None

Based on the American Academy of Pediatric Standards, are the child's immunizations up-to-date?:

- Yes No

Does the child have a physician he/she sees regularly?

- Yes No

Does the child have a dentist he/she sees regularly?

- Yes No

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pennsylvania
P E L I C A N
Early Learning Network

Pennsylvania's Enterprise to Link Information for Children Across Networks

Child Household Information

How often do the members of the household read to the child?

- At least once a day
- At least once a week
- At least once a month
- Less than once a month

How many children's books are in the home (may include library books)?

- Fewer than 5
- 5 - 10
- 11 - 20
- More than 20

Is the child homeless?: Yes No

Is the child adopted?: Yes No

If Yes, Child's Age at Adoption: _____ Days Weeks Months Years

How many siblings (related by blood, marriage, or adoption) reside in the child's household? _____

Including the child, how many people are in the household? _____

In the household, how many people are over the age of 18? _____

Language spoken in the home: _____

What is the Annual Household Income level?

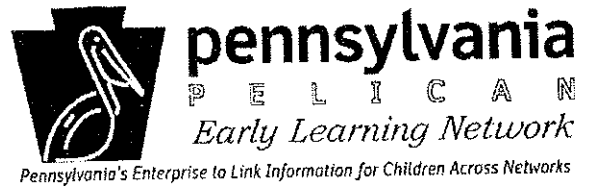
- | | |
|--|---|
| <input type="checkbox"/> \$5,000 or less | <input type="checkbox"/> \$40,001 - \$45,000 |
| <input type="checkbox"/> \$5,001 - \$10,000 | <input type="checkbox"/> \$45,001 - \$50,000 |
| <input type="checkbox"/> \$10,001 - \$15,000 | <input type="checkbox"/> \$50,001 - \$60,000 |
| <input type="checkbox"/> \$15,001 - \$20,000 | <input type="checkbox"/> \$60,001 - \$70,000 |
| <input type="checkbox"/> \$20,001 - \$25,000 | <input type="checkbox"/> \$70,001 - \$100,000 |
| <input type="checkbox"/> \$25,001 - \$30,000 | <input type="checkbox"/> More than \$100,000 |
| <input type="checkbox"/> \$30,001 - \$35,000 | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> \$35,001 - \$40,000 | |

Which of the following outreach activities has any member of the household received in the last year?

- | | |
|--|---|
| <input type="checkbox"/> Emergency/Crisis Intervention | <input type="checkbox"/> Child Support Assistance |
| <input type="checkbox"/> Housing Assistance (subsidies, utilities, etc.) | <input type="checkbox"/> Health Education (including prenatal education) |
| <input type="checkbox"/> Transportation Assistance | <input type="checkbox"/> Parenting Education |
| <input type="checkbox"/> Mental Health Services | <input type="checkbox"/> Assistance to Families of Incarcerated Individuals |
| <input type="checkbox"/> English as a Second Language (ESL) Training | <input type="checkbox"/> Marriage Education Services |
| <input type="checkbox"/> Job Training | <input type="checkbox"/> Assistance in Obtaining Health Insurance |
| <input type="checkbox"/> Adult Education (GED programs, etc.) | <input type="checkbox"/> Assistance in Identifying Health Care Providers |
| <input type="checkbox"/> Substance Abuse Prevention or Treatment | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Child Abuse and Neglect Services | <input type="checkbox"/> None |
| <input type="checkbox"/> Domestic Violence Services | |

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Child Referrals Information

Instructions: Please enter referral information only if this child has been referred to one of the programs listed below. Origin refers to your program. If you check Origin of Referral, then you must complete both the Program Referred to and the Date of the Referral.

Origin of Referral:* (Check the program referring the child)

- | | |
|--|--|
| <input type="checkbox"/> EI – Infant Toddler | <input type="checkbox"/> DPW Licensed Child Care |
| <input type="checkbox"/> EI – Preschool | <input type="checkbox"/> Approved Private School |
| <input type="checkbox"/> PA Pre Counts | <input type="checkbox"/> Nurse / Family Partnership |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Family Centers |
| <input type="checkbox"/> ABG | <input type="checkbox"/> Parent / Child Home Program |
| <input type="checkbox"/> STARS (3-4) | <input type="checkbox"/> Even Start |
| <input type="checkbox"/> School based Pre-K | <input type="checkbox"/> Family Literacy |
| <input type="checkbox"/> Licensed Private Academic School | <input type="checkbox"/> Migrant Pre-K Services |
| <input type="checkbox"/> Registered Private Nursery School | <input type="checkbox"/> Other |

The family/child has been referred to:* (check all that apply)	Date of Referral
<input type="checkbox"/> EI – Infant Toddler	
<input type="checkbox"/> EI - Preschool	
<input type="checkbox"/> PA Pre Counts	
<input type="checkbox"/> Head Start	
<input type="checkbox"/> ABG	
<input type="checkbox"/> STARS (3-4)	
<input type="checkbox"/> School based Pre-K	
<input type="checkbox"/> Licensed Private Academic School	
<input type="checkbox"/> Registered Private Nursery School	
<input type="checkbox"/> DPW Licensed Child Care	
<input type="checkbox"/> Approved Private School	
<input type="checkbox"/> Nurse / Family Partnership	
<input type="checkbox"/> Family Centers	
<input type="checkbox"/> Parent / Child Home Program	
<input type="checkbox"/> Even Start	
<input type="checkbox"/> Family Literacy	
<input type="checkbox"/> Migrant Pre-K Services	
<input type="checkbox"/> Other	