

Child Information Form ----- The California School Age Families Education (Cal-SAFE) Program
Please complete a separate form for EACH child

The information in this box is for local use, and will not be transmitted to the state

Student name: Last _____ First _____ MI _____

Address: Street _____ City _____ Zip Code _____

Child's Name: Last _____ First _____ MI _____

<p>1. *Is this a correction/change to a CHILD INFORMATION FORM previously completed this school year? (Must complete and re-submit whole form in both cases)</p> <p>_____ Yes _____ No</p>	<p>8. Who will be caring for this child while the teen parent is in school? (select a MAXIMUM of 4 options)</p> <p>_____ Cal-SAFE school childcare</p> <p>_____ Another childcare center, subsidized</p> <p>_____ Another childcare center, private pay</p> <p>_____ Child's other parent</p> <p>_____ The student's partner</p> <p>_____ Relative (at student's home)</p> <p>_____ Relative (NOT at student's home)</p> <p>_____ Non-relative (at student's home)</p> <p>_____ Non-relative (NOT at student's home)</p> <p>_____ Child is 5 years old or older and is enrolled in school</p> <p>_____ Other: _____</p>
<p>2. *Student (PARENT) ID Number</p>	
<p>3. *Child's ID Number (use parent's ID number, with 01 added for 1st child, 02 for 2nd child, etc.)</p>	
<p>4. Date when interview completed</p>	
<p>5. *Agency Code</p>	<p>9. If you marked "Another childcare center" in item 9 above, please enter name of center</p>
<p>6. Child's date of birth:</p>	<p>10. *How much is the child's OTHER parent involved with the child ?</p> <p>_____ Very involved</p> <p>_____ Somewhat involved</p> <p>_____ Not involved at all</p>
<p>7. Child's gender: _____ male _____ female</p>	

<p>11. What language is spoken IN THE HOME to the child?</p> <p> <input type="checkbox"/> Chinese <input type="checkbox"/> Spanish <input type="checkbox"/> English <input type="checkbox"/> Vietnamese <input type="checkbox"/> other (list in # 12 below) </p>	<p>15. *Are child's immunizations up to date (or a signed waiver on file)?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>
<p>12. If you marked "Other" for item 11, please enter the language</p>	<p>16. *Does the child have a serious medical condition?</p> <p> <input type="checkbox"/> None <input type="checkbox"/> Suspected <input type="checkbox"/> Diagnosed, explain _____ <input type="checkbox"/> Unknown </p>
<p>13. *Child's birth weight:</p> <p> <input type="checkbox"/> Normal (more than 2,500 grams or 5 lbs. 8 oz) <input type="checkbox"/> Low Birth Weight (less than 2,500 grams or 5 lbs. 8 oz) <input type="checkbox"/> Unknown </p>	<p>17. *Does the child have a developmental condition?</p> <p> <input type="checkbox"/> None <input type="checkbox"/> Suspected <input type="checkbox"/> Diagnosed, explain _____ <input type="checkbox"/> Unknown </p>
<p>14. Date of child's last physical exam:</p>	

Please review all questions for accuracy and make changes as needed, then turn this form in to the Cal-SAFE Office. Thank you.