

Does your child have any condition that requires special help or attention in school? Yes\_\_ No \_\_

Hearing Impaired \_\_ Visually Impaired\_\_ Speech Impaired \_\_\_\_\_ Physically Impaired \_\_\_\_\_

Emotionally Impaired \_\_ Asthma \_\_\_\_\_ Developmentally Disabled \_\_\_\_\_ Other \_\_\_\_\_

Health Insurance

Please check Yes or No

1. Does your child have health insurance? \_\_\_\_ If yes, please indicate which one:  
Medicaid \_\_\_\_\_ Child Health Plus \_\_\_\_\_ Private \_\_\_\_\_
2. Does any other member of your household under the age of 64 (including yourself) need health insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Your child and household member may qualify for free or low cost health insurance. Would you like us to share your contact information with a health insurance counselor that will call you? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please note that if the child's address changes during the year, this form must be updated with the new address, signature of parent, and date.

How did you learn about our Early Learn center? \_\_\_\_\_

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

Revised 06/29/2013