Update on the LAUP Enrollment Form and Child Level Data System for All Children Enrolled in LAUP Programs

RAC Meeting July 15, 2008

- In July 2007, LAUP launched the Child Enrollment Form. Providers were required to submit a Child Enrollment Form for each LAUP-funded child.

- From July to September 2007, there was a grace period during which providers could continue to submit the Parent Approval Form that was required for each LAUP-funded child prior to July 2007.

- As of June 30, 2008, Child Enrollment Forms had been received for 57% of LAUP-funded children in FY 07-08.

- Data for all forms received between July 2007 and June 2008 was entered and stored in an SQL database, which served as an interim solution until a child level data system was acquired.

- In June 2008, LAUP made plans to purchase Efforts to Outcomes (ETO), a web-based, performance management software system to house and track child level data (and potentially other data).

- Some parts of the ETO system will be functioning in early Fall 2008. We anticipate that data from Child Enrollment Forms for the 08-09 school year will be stored in ETO.

- In an effort to increase compliance with the requirement that a Child Enrollment Form be submitted for each child, LAUP will require that a completed form be submitted for each within 60 days of a child's enrollment in order for payment to be provided.
LAUP CHILD ENROLLMENT FORM

We are pleased that Los Angeles Universal Preschool will be providing support to your child’s preschool program! Los Angeles Universal Preschool (LAUP), a non-profit organization, is breaking new ground in early childhood education. Our mission is to expand access to high-quality preschool across Los Angeles County. Please fill out the information in this form in order to enroll your child in the LAUP Program. All information provided is confidential. LAUP is asking you to provide this information so that we can improve the quality of our programs and identify children who may need additional services. Only selected LAUP staff members will be able to see your and your family’s personal information and this information will not be shared with anyone else. Any information reported to anyone outside LAUP will be without names or other identifying information. Potential parties reviewing this non-identifying information may include representatives of LAUP, First 5 LA, independent auditors, or others as necessary for the evaluation and administration and to secure ongoing funding of the program. Providing this information to LAUP is voluntary and will not affect your child’s participation in the LAUP Program. However, blank forms will not be accepted. Please provide an answer for every question, using the “Decline to Answer” option when necessary. Your child may not be enrolled in the LAUP program unless this form is completed, signed and dated.

Today’s Date ______________

Child Information

1. Child’s Name __________________________________________________________________________

2. Child’s Gender:  ☐ Male  ☐ Female  

3. Child’s date of birth: ______________

4. Child’s Primary Residence: (Indicate Street Address including Apt. # if applicable, City and Zip Code)
   ______________________________________________________________________________________
   ______________________________________________________________________________________

5. What is the child’s race/ethnicity? (check only one)
   ☐ Alaska Native or American Indian  ☐ Hispanic/Latino
   ☐ Asian  ☐ Central American  ☐ Cuban
   ☐ Chinese  ☐ Dominican  ☐ Mexican
   ☐ Filipino  ☐ Puerto Rican  ☐ South American
   ☐ Korean  ☐ Other Hispanic: __________________
   ☐ Vietnamese  ☐ Pacific Islander
   ☐ Black  ☐ White
   ☐ African American  ☐ Multiracial (please specify): __________________
   ☐ African  ☐ Other (please specify): __________________
   ☐ Caribbean  ☐ Decline to answer

6. What language(s) does the child speak? (check all that apply)
   ☐ English  ☐ Spanish  ☐ Armenian  ☐ Cantonese
   ☐ Tagalog  ☐ Farsi  ☐ Korean  ☐ Vietnamese
   ☐ Other (please specify): __________________
   ☐ Decline to answer
7. What languages do you speak with the child? (check all that apply)
- English
- Spanish
- Armenian
- Cantonese
- Tagalog
- Farsi
- Korean
- Vietnamese
- Other (please specify): ___________________
- Decline to answer

8. What is your child’s primary language? (check only one)
- English
- Spanish
- Armenian
- Cantonese
- Tagalog
- Farsi
- Korean
- Vietnamese
- Other (please specify): ___________________
- Decline to answer

9. Will your child be attending child care or preschool in addition to the 3.5 hours of preschool funded by LAUP program?
- Yes
- No
- 9a. If yes, please specify where: ________________________________

10. Do you need child care for any other children in your household?
- Yes
- No
- Decline to answer

11. Has the child ever attended child care or preschool before enrolling in the LAUP program?
- Yes
- No
- Decline to answer
- 11a. If yes, how many months did the child attend child care or preschool before enrolling in the LAUP program? _____
- Decline to answer

12. How did you hear about this preschool program? (check all that apply)
- Word-of-mouth
- Print (flyer, banner, newspaper, etc.)
- Radio/ TV Advertisement
- Referred by another parent
- Referred by elementary school
- Referred by another preschool provider
- Referred by a community agency (WIC, etc.)
- Referred by church/ place of worship
- Referred by DCFS
- Referred by Regional Center
- Referred by Resource and Referral Agency
- Referred by LAUP website
- LAUP infoline
- Other (please specify): ___________________
- Decline to answer

13. Had you heard of “LAUP” before sending your child to this preschool?
- Yes
- No
- Decline to answer
- 13a. If so, how did you hear about LAUP? ________________________________________

14. Does your child have health insurance?
- Yes
- No
- Decline to answer
- 14a. If “Yes”, how is this insurance provided?
- Insurance provided by Employer
- Insurance purchased directly
- Medi-Cal of any type
- California Kids or similar program
- Healthy Families
- Healthy Kids
- CalOptima
- Other (please specify): _____________
- Decline to answer
15. Does the child have a place where they receive regular medical care or check-ups (not including the emergency room)?
   - Yes, please identify ________________________________
   - No
   - Decline to answer

16. Do you think the child has a medical, developmental, and/or behavioral condition that may affect his/her performance in school?
   - Yes
   - No
   - Decline to answer

   16a. If “Yes”, in which area(s)? (check all that apply)
     - Health/ Physical
     - Language/ Speech
     - Overweight/ Obese
     - Learning
     - Emotional/ Behavioral
     - Underweight
     - Vision
     - Hearing
     - Dental
     - Other (please specify): ____________________

   16b. Please explain: __________________________________________________________

   __________________________________________________________

17. Has the child been diagnosed with a disability, special need or health concern?
   - Yes
   - No
   - Decline to answer

   17a. If “Yes”, in which area(s)? (check all that apply)
     - Health/ Physical
     - Language/ Speech
     - Overweight/ Obese
     - Learning
     - Emotional/ Behavioral
     - Underweight
     - Vision
     - Hearing
     - Dental
     - Other (please specify): ____________________

   17b. Please explain: __________________________________________________________

   __________________________________________________________

18. Does your child currently have or has your child ever had an Individualized Family Service Plan (referred to as an “IFSP”) or an Individualized Education Plan (referred to as an “IEP”)?
   - Yes—Currently
   - Yes—in the past, but not currently
   - No
   - Decline to answer

   Parent / Guardian / Foster Parent Information:

19. What is your relationship to the child enrolling in the LAUP program?
   - Mother
   - Grandparent
   - Other Relative: ____________________
   - Father
   - Foster parent
   - Other: ____________________
20. What is **your** race/ethnicity (check only one)

- [ ] Alaska Native or American Indian
- [ ] Asian
  - [ ] Chinese
  - [ ] Filipino
  - [ ] Korean
  - [ ] Vietnamese
- [ ] Black
  - [ ] African American
  - [ ] African
  - [ ] Caribbean
- [ ] Other Asian: ___________________
- [ ] Other Black: ___________________
- [ ] Hispanic/Latino
  - [ ] Central American
  - [ ] Cuban
  - [ ] Dominican
  - [ ] Mexican
  - [ ] Puerto Rican
  - [ ] South American
  - [ ] Other Hispanic: ___________________
- [ ] Pacific Islander
- [ ] White
- [ ] Multiracial (please specify): ___________________
- [ ] Other (please specify): ___________________
- [ ] Decline to answer

21. Were you born in the United States?

- [ ] Yes
- [ ] No
- [ ] Decline to answer

21a. If “No”, in what country were you born? __________________

21b. How long have you lived in the US? _____ Years _____ Months

22. What language do you and your family speak most often at home? (check only one)

- [ ] English only
- [ ] English and another language equally
- [ ] Mostly English
- [ ] Mostly another language and some English
- [ ] Another language only
- [ ] Decline to answer

22a. If you indicated a language other than English, which language(s)? (check all that apply)

- [ ] Armenian
- [ ] Cantonese
- [ ] Farsi
- [ ] Tagalog
- [ ] Korean
- [ ] Spanish
- [ ] Vietnamese
- [ ] Decline to answer
- [ ] Other (please specify): ___________________

23. How many adults older than 18 (including you) live in your home? _____ adults

24. How many children under 18 (including your LAUP child) live in your home? _____ children

24a. How many of these children are birth to age 5? _____ children

25. How many years of formal education has the child’s **mother/primary female caretaker** completed?

[ ] _____ Years

26. What is the highest level of school or degree completed by the child’s **mother/primary female caretaker** completed?

- [ ] Less than High School
- [ ] High School diploma/ GED
- [ ] Some college
- [ ] Other (please specify): ______________
- [ ] Associates or technical school degree
- [ ] Bachelor’s degree or higher
- [ ] Information on Mother unknown
- [ ] Decline to answer
27. How many years of formal education has the child’s father/primary male caretaker completed?  
_____ Years   □ Decline to answer

28. What is the highest level of school or degree completed by the child’s father/primary male caretaker completed?  
□ Less than High School   □ Associates or technical school degree  
□ High School diploma/ GED   □ Bachelor’s degree or higher  
□ Some college   □ Information on Father unknown  
□ Other (please specify): ______________   □ Decline to answer

29. In which of the following ways would you like to be involved with your child’s preschool?  
(check all that apply)

□ Volunteering in the classroom   □ Parent-teacher conferences  
□ Chaperoning field trips   □ Participating in parent workshops/trainings  
□ Donations or fundraising   □ Attending preschool-hosted social events  
□ Back-to-school night or open house   □ Providing input on class/school activities  
□ Attending parent meetings   □ Other: _____________________________  
□ Participating in an advisory group   □ Decline to answer

30. What is your yearly household income?  
□ Less than $10,000   □ $40,000 – less than $50,000  
□ $10,000 – less than $20,000   □ $50,000 – less than $75,000  
□ $20,000 – less than $30,000   □ $75,000 or more  
□ $30,000 – less than $40,000   □ Don’t know/Decline to answer

31. What type of assistance is currently a regular source of support in your household?  
(check all that apply)

□ None   □ SSI  
□ CalWORKs   □ Temporary Assistance to Needy Families (TANF)  
□ Child Care Subsidies (other than LAUP)   □ Unemployment  
□ Child Support   □ WIC  
□ Disability   □ Other (please specify): _____________________________  
□ Earned Income Credit   □ Decline to answer  
□ Food Stamps

32. Please indicate if you meet any of the following criteria to receive a waiver of the parent investment fee:

(a) Parent of a child with a current Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP)   □ Yes   □ No
(b) Foster parent   □ Yes   □ No
(c) Parent with a child under the supervision of the Department of Children and Family Services (DCFS)   □ Yes   □ No
(d) Parent under the age of 18 involved in the juvenile probation system   □ Yes   □ No
(e) Relative caregiver   □ Yes   □ No
33. Please indicate if you or your family is in need of information regarding any of the following resources:

- Medical Care  □ Yes  □ No
- Dental Care  □ Yes  □ No
- Mental Health Services  □ Yes  □ No
- Food Assistance  □ Yes  □ No
- Housing/Shelter  □ Yes  □ No
- Employment Assistance  □ Yes  □ No
- Prenatal Care  □ Yes  □ No
- Domestic Violence Assistance  □ Yes  □ No
- Substance Abuse Information or Treatment  □ Yes  □ No

Permission—Consent

1. I declare that the above information is true and correct to the best of my knowledge.
2. I will notify the Center immediately of any changes to the above information.
3. I understand that my child’s participation in the LAUP program will consist of 3.5 hours per day, for a minimum of 4 days per week (unless otherwise stated in my child’s IEP).
4. My authorization for LAUP’s use of the information on this form is voluntary. My child’s participation in the LAUP Program will not be affected if I select “Decline to Answer” for any questions on this form.
5. I understand that non-identifying information from this form and other information that I provide to the Center through participation in surveys, focus groups and interviews may be reviewed by representatives of LAUP, First 5 LA, independent auditors, or others as necessary for the evaluation and administration and to secure ongoing funding of the program.
6. I understand that LAUP is providing financial and other support to my child’s preschool program, but that the preschool center itself is responsible for the content and quality of my child’s learning experience. I agree that LAUP will not be liable to me or my child as a result of his or her participation in the preschool program.

<table>
<thead>
<tr>
<th>Signature of Parent/Guardian:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Print Name:</td>
<td>Phone Number:</td>
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For additional information or questions, please visit the LAUP website, [www.laup.net](http://www.laup.net) or call LAUP at (866) 581-LAUP (5287).