

# Enrollment form

Child: \_\_\_\_\_

## Child's Information

Child's First Name\*

Required

Child's Last Name\*

Required

Child's Date of Birth\*

Required

Race\*

Hispanic or Latino Ethnicity\*

Gender\*

SASID

## Birth Details

Date of Birth\*

Child's Estimated Date of Delivery (EDD)

Gestation Weeks (if don't know EDD)

Is Premature

Hospital Born In\*

Child's Weight\*

Child's Order

Known DCF Involvement

Individual Who Can Sign

## Health/Wellness Information

Health Insurance\*

Child's Usual Source of Medical Care\*

Child's Usual Source of Dental Care\*

Child's Enrollment Date\* (enrollment form date)

## Caregiver-Child Details

Does Child Reside With Caregiver

Is this Caregiver the Primary Caregiver

Index (Target)/Sibling

Number of Households