|  |  |
| --- | --- |
| **Child’s Full Name:** | **1st day of attendance:** |
| **Classroom Teacher:** | **Classroom (in COPA):** |
| **Primary Caregiver:** | **# in family:** |
| **Secondary Caregiver:** | **Income total:** |
| **Child Record/File** | |
| ABC Child Application | Birth certificate/Hospital record |
| Immunization record/catch up schedule | Well child screening/Physical |
| **Additional Child Documentation** | |
| Developmental screening – Date: | |
| Referral *(if applicable*) | IEP/IFSP (*if applicable*) |
| **Proof of Income - Total Income for caregiver(s)** | |
| Income tax form | W2 |
| 30 days of consecutive paycheck stubs *from the date of application* | |
| Other please specify: | |
| **If Unemployed:** | |
| Unemployment benefits | Notarized statement of no earned income |
| **Income Exemption:** | |
| Foster child | Incarcerated parent (*during child’s lifetime*) |
| Child in the custody/living with someone other than the parent(s) (*at the time of enrollment*) | |
| Immediate family member arrested/convicted of drug related offence (*during child’s lifetime)* | |
| Parent activated for military duty away from their home base (*at the time of enrollment*) | |
| ***If applicable* Dual Qualifier (*Income must be documented above*)** | |
| Specify 2nd qualifier: | |
| **Child information entered in COPA** | |
| Growth Assessment/Height & weight | Well child screening/Physical |
| Vision screening: Pass / Fail | Hearing screening: Pass / Fail |
| Developmental screening ☐Referral *(if applicable)* | |
| ☐ IEP/IFSP *(if applicable)* | ☐ |

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Program Staff verifying eligibility Date completed

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Program Staff entering COPA Data *(if different from enrollment)* Date completed