



## Enrollment Form

Check one: ☐ New enrollment      ☐ Continuing Enrollment

Date \_\_\_\_\_

### STUDENT INFORMATION

Child's Name \_\_\_\_\_  
First Middle Last

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Nickname (preferred name) \_\_\_\_\_

### FAMILY INFORMATION/ FAMILY HISTORY (Please complete in full)

Parent/Guardian 1	
Name _____	Date of Birth _____
Address _____	Preferred # _____
Preferred Language _____	Home Phone _____
Other Language(s) _____	Cell Phone _____
Email Address _____	Work Phone _____
Occupation _____	Employer _____
If legal guardian, describe the relationship to the child: _____	
Parent/Guardian 2	
Name _____	Date of Birth _____
Address _____	Preferred # _____
(if different from other parent)	Home Phone _____
Preferred Language _____	Cell Phone _____
Other Language(s) _____	Work Phone _____
Email Address _____	
Occupation _____	Employer _____
If legal guardian, describe the relationship to the child: _____	

Parents' Marital Status: ☐ married ☐ single ☐ separated ☐ divorced ☐ widowed

If separated or divorced, parent with custody: ☐ both ☐ father ☐ mother ☐ legal guardian(s)

If separated or divorced what type of custody: ☐ joint legal ☐ joint physical ☐ sole physical

*Note: Please attach a copy of the legal document that supports custody. This information is necessary and required for the protection of children's records, as well as to ensure that legal guardians receive appropriate correspondence and reports. Thank you.*

**Hearing Loss** Please complete all information requested, even if you have provided it before.

To develop listening and spoken language, a child who is deaf or hard of hearing needs optimal auditory access with appropriate, working amplification (hearing aids, CIs, bahas) for their hearing loss that they wear 11-14 hours per day every day.

Hospital/Audiology Clinic:

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Audiologist (Name, Phone, Email)

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ENT/Otologist (Name)

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Date of last hearing test:

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If less than 6 months ago: ☐ A copy is attached. ☐ I already sent it to Clarke.

If more than 6 months ago: ☐ We have an appointment on (date): \_\_\_\_\_

Have there been any changes in their hearing thresholds (the quietest sounds a child can hear without their hearing aids)?

Right Ear ☐ No ☐ Yes Explain:

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Left Ear ☐ No ☐ Yes Explain:

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Have there been any changes in the amplification devices they use?

Right Ear ☐ No ☐ Yes Explain:

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Left Ear ☐ No ☐ Yes Explain:

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What time does your child:

- Start using hearing aids/cochlear implants/bahas in the morning
  - \_\_\_\_\_ Take hearing aids/cochlear implants/bahas off at night
  - \_\_\_\_\_ Other times/activities when your child doesn't wear their amplification: (example: bath time, nap time)
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What concerns or questions do you have about your child's hearing loss?

## Developmental Information

Appetite ☐ Good ☐ Fair ☐ Picky

Does your child feed themselves? ☐ Yes ☐ No

Will Eat/Drink: ☐ milk ☐ water ☐ eggs ☐ vegetables ☐ fruit Comments: \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

Feeding Skills: ☐ Uses a spoon ☐ Uses a fork ☐ Drinks from a cup

Does your child use: a pacifier? ☐ Yes ☐ No a bottle? ☐ Yes ☐ No

Is your child toilet trained? ☐ Yes ☐ No Comments: \_\_\_\_\_

What is your child's bedtime? \_\_\_\_\_ How many hours a night does your child sleep? \_\_\_\_\_

Does your child nap? ☐ Yes ☐ No What time and for how long? \_\_\_\_\_

What is your child's favorite book? \_\_\_\_\_

What does your child do when upset or angry? \_\_\_\_\_

What helps to comfort your child? \_\_\_\_\_

What are your child's likes? Dislikes? What else can you share about your child's personality?

What are your goals for your child this year?

### **Medical and Developmental Update (Please complete all information requested)**

Every child needs an up to date (less than 1 year old) medical/physical form on file with all required vaccinations, lead testing, anemia testing and other required information. Children cannot start school without this information and cannot continue in school if the information is not provided.

Make any needed appointment ahead of time for your child's physical or vaccines.

My child's medical form is ☐ Up to date ☐ Expired/expiring soon. Appointment Date\_\_\_\_\_

Are there any changes in your child's medical or developmental needs, such as new allergies?

☐ No ☐ Yes Please explain, if yes: \_\_\_\_\_

Has your child received any new developmental or medical diagnosis in the last year? ☐ No ☐ Yes

If yes, please explain: \_\_\_\_\_

Has your child been evaluated by any other medical specialists, such as:

☐ Psychologist ☐ Psychiatrist ☐ Developmental Pediatrician ☐ Neurologist ☐ Other

Explain: \_\_\_\_\_

Has your child had genetic testing in the last year? ☐ No ☐ Yes If yes, please attach and

explain: \_\_\_\_\_

### **List of Required Documents or Forms**

#### **(Required to be completed and updated)**

- ☐ [Medical/Physical Form](#) with up-to-date vaccinations for child's age and testing (lead, anemia)
- ☐ [Neighborhood Consent](#)
- ☐ [Individual/Special Health Care Needs](#)
- ☐ [Consent to Obtain/Release Information](#)
- ☐ [Emergency Contacts and Authorized Pick Ups](#)
- ☐ [Consent for Emergency Medical Treatment](#)
- ☐ [Media Consent](#), Video Consent
- ☐ Enrollment Form

#### **Additional Consent Forms**

- ☐ [Library Consent](#)
- ☐ [Technology Intake Form](#)
- ☐ [Email Consent](#)
- ☐ [Family Directory](#)
- ☐ [Consent to Apply Sunblock](#)
- ☐ OT/PT Prescription from Primary Medical Provider on DOE form
- ☐ Medicaid consent form (DOE)

### Updated Demographic Information

Each year we ask for families to provide information that assists us with having a complete record of your child but also assists in our analysis and research on children with hearing loss. We understand that some of this information is personal. We want to assure you that any information that could identify your child or your family is not included in our data collection for research. Children are assigned a unique number that is not related to identifying data, such as date of birth, to insure privacy and anonymity. The information you provide will not only help us to monitor your child's progress over time but provide us with valuable data to help us improve outcomes for all children who are deaf or hard of hearing.

#### *Child's Race*

- ☐ Caucasian/White    ☐ Black/African/African American    ☐ Hispanic/Latino    ☐ Asian  
☐ American Indian/Alaska Natives    ☐ Native Hawaiians/Pacific Islanders    ☐ Other \_\_\_\_\_

#### *Home Languages*

- ☐ English    ☐ Spanish    ☐ Chinese    ☐ French    ☐ German    ☐ Tagalog    ☐ Urdu  
☐ Arabic    ☐ Russian    ☐ Hindi    ☐ Other(s) \_\_\_\_\_

#### *Children in the Home*

How many children live in your home (including the Clarke child) \_\_\_\_\_

#### *Highest Level of Parent Education*

Mother/Parent 1	Father/Parent 2
<input type="checkbox"/> 8 <sup>th</sup> grade or less	<input type="checkbox"/> 8 <sup>th</sup> grade or less
<input type="checkbox"/> Some high school	<input type="checkbox"/> Some high school
<input type="checkbox"/> High school diploma/GED	<input type="checkbox"/> High school diploma/GED
<input type="checkbox"/> Some college	<input type="checkbox"/> Some college
<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Bachelor's degree
<input type="checkbox"/> Graduate/Post graduate degree	<input type="checkbox"/> Graduate/Post graduate degree
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown

#### *Hearing Status of Biological Parents (childhood) and other biological family*

Mother:    ☐ no hearing loss    ☐ hearing loss    ☐ unknown

Father:    ☐ no hearing loss    ☐ hearing loss    ☐ unknown

Siblings    ☐ no hearing loss    ☐ hearing loss    ☐ unknown

Others: \_\_\_\_\_

Does your child qualify for Medicaid? ☐ No ☐ Yes

#### *Family Income*

- ☐ Less than \$25,000    ☐ \$25,000-\$49,000    ☐ \$50,000-\$74,000    ☐ \$75,000-\$99,000  
☐ \$100,000 or more    ☐ Prefer not to share.