Teenage Parent Program – Supplemental Information Form

School Year 2014-15

☐ New
☐ Update

Please print and fill form completely.

A. Teen Parent:

1.) Parent SSN : _____
(SSN – Social Security Number is optional)

Student ID :

First Name :

Last Name :

Date of Birth :

Address :

:

City :

State : FL Zip :

Phone :

County :

2.) Sex (check one):
- ☐ Male
- ☐ Female

3.) Race (check all that apply):
- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Hawaiian or Other Pacific Islander

4.) Ethnicity (check if applicable):
- ☐ Hispanic or Latino

B. Children Needing Care:

1.) Enrollment Dates		2.) Child Information (SSN – Social Security Number is optional ID – Student ID)	3.) Sex (check one)	4.) Race (check all that apply)
Start End		SSN : ID : First : Last : DOB :	☐ Male ☐ Female	☐ White ☐ Black ☐ Indian/Native ☐ Asian ☐ Hawaiian Ethnicity: ☐ Hispanic or Latino
Start End		SSN : ID : First : Last : DOB :	☐ Male ☐ Female	☐ White ☐ Black ☐ Indian/Native ☐ Asian ☐ Hawaiian Ethnicity: ☐ Hispanic or Latino

C. Child Care Provider:

1.) Provider Name :

Address :

:

City :

State : FL Zip :

Phone :

2.)Relative (check one):
- ☐ Yes
- ☐ No

3.) In Parent's Home (check one):
- ☐ Yes
- ☐ No

D. Information supplied by: _____ **Contact Phone:** **Date:**
(School District Personnel)

Submit this form to the local Coalition or designee for entry into the EFS system prior to date identified.