

ECBG Child Enrollment and Discharge form

Child Information

* Which child was involved? _____

Program Information

Please refer to the most recent version of the [Common Measures Table](#) for the Program Types applicable to this child.

* Program Type

- | | |
|--|--|
| ☐ Child Care (choose type below) | ☐ PreK (choose type below) |
| ☐ Child Care (Tuition Assistance) | ☐ PreK (Summer) |
| ☐ Classroom Infrastructure | ☐ PreK (Tuition Assistance) |
| ☐ Mental & Behavioral Health for Children | ☐ Social-Emotional Classroom Consultation |
| | ☐ Special Needs Children (Part B or Part C) |

PreK Program (if PreK selected above)

- | | |
|---|---|
| ☐ PreK | ☐ Early Head Start |
| ☐ PreK (Summer) | ☐ Head Start |
| ☐ Early Learning | |

Child Care Program (if Child Care selected above)

- | | |
|---|---|
| ☐ Child Care | ☐ Early Learning |
| ☐ Child Care (Before & After PreK) | ☐ Early Head Start |
| ☐ Child Care (Respite) | ☐ Head Start |

Enrollment Information

* Enrollment Date _____

Enrollment Notes:

Referral Information

Referral Source

- ☐ Child Welfare Services ☐ Family or Friend ☐ Self
☐ Other _____

Date site received referral: _____

Discharge Information

* Discharge Date _____

* Discharge Reason

- | | |
|--|--|
| ☐ Completed Program | ☐ No Longer Interested in Services |
| ☐ Child Aged Out | ☐ Unable to Participate in Services |
| ☐ Moved out of Service Area | ☐ DCF Involvement: Non-Prevention Case Opened |
| ☐ No Contact | ☐ Other _____ |
| ☐ Could Not Locate | |

Discharge Notes: