



Flanner House of Indianapolis
Child Development Center
2424 Dr. Martin Luther King St.
Indianapolis, IN 46208
(317) 925-4231 ext. 223
(317) 927-0392 FAX
www.flannerhouse.com

ENROLLMENT CHECKLIST

PARENTS ARE REQUIRED TO DO THE FOLLOWING:

(CHECK EACH ITEM AS COMPLETED)

- PROVIDE A STATE ISSUED PICTURE IDENTIFICATION CARD.
- PROVIDE A BIRTH CERTIFICATE FOR EACH SCHOLAR TO BE ENROLLED INTO THE CENTER.
- PROVIDE A CURRENT IMMUNIZATION RECORD FOR EACH ENROLLING SCHOLAR (ALL SHOTS MUST BE UP TO DATE BEFORE SCHOLAR CAN START AT THE CENTER).
- PROVIDE A PHYSICAL FOR EACH ENROLLING SCHOLAR (ALL RECORDS MUST HAVE BEEN COMPLETED WITHIN 12 MONTHS OF START DATE AND ANNUALLY THEREAFTER).
- PROVIDE THE PAYMENT DOCUMENTATION (SUCH AS A VOUCHER, CERTIFICATE, CREDIT CARD, OR MONEY ORDER FOR THE FIRST WEEK).
- PROVIDE FOOD STAMP CASE NUMBER (IF APPLICABLE) SO THAT YOU CAN APPLY FOR ASSISTANCE FOR THE STATE/FEDERAL MEAL PROGRAM FOR YOUR SCHOLAR.

PLEASE REMEMBER;

- ALL OF THE ABOVE INFORMATION MUST BE COMPLETED AND SUBMITTED TO THE DIRECTOR/ASSISTANT DIRECTOR AT LEAST 3 DAYS PRIOR TO SCHOLAR STARTING ATTENDANCE AT THE CENTER.
- A SCHOLAR CAN ONLY START ON A MONDAY UNLESS PARENT WANTS TO PAY BY CREDIT CARD OR MONEYORDER FOR THE FIRST WEEK OF ATTENDANCE.



Flanner House Child Development Center Enrollment Application 2018-2019 School Year



CUSTODIAL CAREGIVER #2

MAILING ADDRESS _____
STREET NUMBER AND STREET NAME

_____ *CITY* _____ *STATE* _____ *ZIP CODE*

EMPLOYER/ SCHOOL NAME _____

WORK/SCHOOL ADDRESS _____
STREET NUMBER AND STREET NAME

_____ *CITY* _____ *STATE* _____ *ZIP CODE*

WORK /ATTENDANCE HOURS _____ M _____ T _____ W _____ R _____ F

TELEPHONE NUMBER _____

SCHOLAR'S INFORMATION

NAME _____

DATE OF BIRTH _____ **HOME PHONE** _____

MAILING ADDRESS _____
STREET NUMBER AND STREET NAME

_____ *CITY* _____ *STATE* _____ *ZIP CODE*

GENDER _____ **RACE (OPTIONAL)** _____

SCHOLAR'S MEDICAL INFORMATION

**A Doctor's Note is required for all listed allergies, special needs and medical conditions*

ALLERGIES (LIST ALL THAT APPLY) _____

FOOD ALLERGIES (LIST ALL THAT APPLY) _____

OTHER HEALTH CONDITIONS (LIST ALL THAT APPLY)

SPECIFIC ABILITIES/NEEDS (LIST ALL THAT APPLY) _____

Does this scholar have any of the following?	YES, please write in more information	NO
Individual Education Plan**		
Family Service Plan**		
Asthmatic		
Allergies-Consumable		
Allergies-Contact		
Medication Onsite		
Court Orders		
Other Health Conditions		
Specific Abilities or Needs		

EMERGENCY HEALTH INFORMATION

Flanner House CDC will transport and seek, provide, or obtain medical treatment for your scholar in the event of a medical emergency in the Custodial Guardian's absence.

HOSPITAL OF CHOICE _____

PHYSICIAN NAME _____ **TELEPHONE NUMBER** _____

ADDRESS _____

STREET NUMBER AND STREET NAME

CITY

STATE

ZIP CODE

HEALTH INSURANCE COMPANY _____

POLICY/MEMBER NUMBER _____ **GROUP NUMBER** _____

PHONE NUMBER _____

DENTIST NAME _____ **TELEPHONE NUMBER** _____

ADDRESS _____

STREET NUMBER AND STREET NAME

CITY

STATE

ZIP CODE

SCHOLAR'S MILESTONE ACHIEVEMENT

Please indicate the age or range when your scholar performed the following milestones (*check 1 box per row*):

MILESTONE	INFANT	AGES 1-2	AGES 3-5	OTHER (SPECIFY AGE)
Sat up without help				
Crawled				
Walked alone				
Walked up Stairs				
Spoke first words				
Spoke short phrases				
Spoke in sentences				
Fully bladder trained (potty)				
Fully bowel trained (potty)				
Stayed dry all night				

SCHOLAR'S BEHAVIOR DURING FIRST FEW YEARS OF LIFE (*check all that apply*):

Difficult to Comfort Poor eye contact Excessive irritability
 Diminished Sleep Head Banging Does not respond to name
 Fascination with certain objects Constantly into everything

SCHOLAR'S TEMPERMENT (*check one response for each category*):

	Low	Average	High
Activity Level – How active has your scholar been from an early age?			
Distractibility – How well is your scholar able to maintain focus or concentration, or pay attention to tasks?			
Adaptability - How well is your scholar able to deal with transition, change, or when denied his/her own way?			
Approach/Withdrawal – How well is your scholar able to respond to new things (i.e., new places, people, food, etc.)?			
Intensity – Whether happy/unhappy, does your scholar exhibit strong feelings in either case?			
Mood –Did he/she exhibit frequent or rapid changes in mood or temperament			
Regularity – How predictable is your scholar's patterns of activity level, sleep, appetite, etc.?			

SCHOLAR'S DEVELOPMENT

Does your scholar exhibit any of the following behaviors?

BEHAVIOR	YES	NO
Difficulty following instructions		
Aggressive or Defiant		
Low energy/fatigue		
Likes to eat vegetables/fruit		
Enjoys playing with others		
Willing to share personal items (toys)		
Reads at home		
Models behavior of peers		
Willing to try different foods		

DISCLOSURE

Do you or your scholar have any relatives that work or volunteer at Flanner House? (*check one*)

YES _____ NO _____

If yes, who: _____

Preschool scholars will not be enrolled in classrooms with immediate family which is defined as any direct relative including up to second removed. If a scholar is enrolled in a classroom with an employee who is a relative, the scholar will be placed in another classroom; staff/teachers will not be moved for this purpose. Failure to disclose such information at enrollment may result in dismissal from this program. New teachers will not knowingly be placed in classroom with a direct relative.

ADDITIONAL EMERGENCY/ AUTHORIZED CONTACTS:

(MUST SHOW STATE ISSUED PICTURE ID UPON PICK UP OF SCHOLAR)

(1) NAME _____ RELATION _____
ADDRESS: _____
TELEPHONE NUMBER: _____

(2) NAME _____ RELATION _____
ADDRESS: _____
TELEPHONE NUMBER: _____

(3) NAME _____ RELATION _____
ADDRESS: _____
TELEPHONE NUMBER: _____

(4) NAME _____ RELATION _____
ADDRESS: _____
TELEPHONE NUMBER: _____

(5) NAME _____ RELATION _____
ADDRESS: _____
TELEPHONE NUMBER: _____

(6) NAME _____ RELATION _____
ADDRESS: _____
TELEPHONE NUMBER: _____

(7) NAME _____ RELATION _____
ADDRESS: _____
TELEPHONE NUMBER: _____

CUSTODIAL GUARDIAN AGREEMENT

This Custodial Guardian agreement pertains to all scholars who participate in services provided by Flanner House Child Development Center. Please read and fill out completely. Please initial each section.

PRE-SCHOOL (CCDF or Sliding Fee Scale)

(ONE SELECTION PER SCHOLAR)

___ **6:00am-4:00pm**

___ **\$246 per wk./ Ages 3-5** ___ **\$293 per wk./Ages 1-2** ___ **\$330 per wk./Infant**

- *Must attend at least 25 hours weekly for CCDF*
Will your scholar be participating in “Wrap Around” Care from 4pm-6pm for an additional \$30.00 per week?
__ **YES** __ **NO**

___ **8:00am-6:00pm**

___ **\$246 per wk./ Ages 3-5** ___ **\$293 per wk./Ages 1-2** ___ **\$330 per wk./Infant**

- *Must attend at least 25 hours weekly for CCDF*
Will your scholar be participating in “Wrap Around” Care from 6am-8am for an additional \$30.00 per week?
__ **YES** __ **NO**

ON MY WAY PRE-K/ Preschool Scholarship

___ **8:00am-4:00pm**

Will your scholar participate in wrap around-before care at 6am-8am or after care 4pm-6pm for an additional \$30.00 per week?
__ **YES** __ **NO**

FINAL TUITION _____

PAYMENT TYPE _____

“WRAP AROUND” CARE

Flanner House Child Development Center provides a maximum of **10 hours of care per child/per day/50 hours per week**. If a caregiver/parent needs more than 10 hours per day of care; an additional fee for “**Wrap Around**” services are required. Flanner House Child Development Center reserves the right to deny daily care exceeding 10 hours whereby the best interests of the child are affected. It is understood that spontaneous circumstances occur when childcare may exceed 10 hours daily; however, such situations are infrequent and not consecutive for a number of days will not require the additional fee for “Wrap Around” services. “Wrap Around” fees will be automatically billed to your account upon occurrence. The fee is \$30 per service/per week. The fees are not prorated. Arrival and departure time is maintained daily on the parent sign in/out form and on the attendance form in classroom by teachers.

Initial _____

CHILDCARE AND TUITION

("CDC"-Child Development Center)

- Flanner House CDC only observes IPS calendar for school breaks (fall, winter, spring, summer).
- If IPS school is on a two-hour delay, then Flanner House CDC may also be on a two-hour delay and scholars will not be admitted into the center before 8:30am.
- "Wrap Around" Care is required for children needing more than 10 hours in child care/ per day.
- Custodial Guardian acknowledges that all health information pertinent to preserving the life of the scholar and to keep this scholar, staff and peers' safe has been disclosed to Flanner House CDC and will be disclosed in the event that a new information arises after at any time while the scholar is enrolled at Flanner House CDC.
- Custodial Guardian acknowledges that in the event that any health information that is pertinent to the preserving the life of the scholar was not disclosed prior to the enrollment of the scholar in writing with an emergency action plan, Flanner House CDC will not assume any liability if life is jeopardized during normal business operations (i.e. meals, exposure to sun, food allergies) due to undisclosed health information.
- Custodial Guardian acknowledges that in the event that a scholar is diagnosed with an illness or health impairment/condition that may affect/impede/change the care provided by Flanner House CDC after initial enrollment, parent will provide this diagnosis/information in writing to the center with a written emergency action plan upon awareness of health impairment/condition.
- Custodial Guardian is aware that failure to properly inform Flanner House CDC in writing with health related information may jeopardize the preservation of the scholar's life and Flanner House CDC representatives' ability to provide adequate care for the scholar.
- Custodial Guardian is responsible for the full fee in the event that a tuition subsidy program doesn't pay the full expected fee for any reason.
- All custodial guardians are required to sign scholars in and out when they arrive and depart from the center daily.
- At the end of every year tax statements for childcare are available upon request and are mailed out upon request by January 31st annually.

Initial _____

ARRIVAL AND PICKUP POLICY

- Flanner House CDC operation hours are **Monday-Friday 6:00am-6:00pm.**
- Scholars cannot be dropped off more than 15 minutes prior to care block selected, excluding 6:00am block.
- **Scholars not dropped off within 1 hour of child care block selected will be excluded from the program for that day at parent cost unless a physician's note is brought in with scholar. If a scholar will be in attendance later than 1 hour after time block selected, Custodial Guardian must inform the office by 8:00am or that scholar will be excluded regardless of physician's note.**

- Scholars must be picked up within 15 minutes of care block selected end time or risk late fee, excluding 6:00pm block.
- **Late pickups are considered late after 6:05pm. A flat late fee of \$25.00 is charged at 6:06pm and \$5.00 per minute thereafter 6:07pm. This fee is charged to the family account with payment due no later than the following Monday morning. If your scholar is picked up late more than five (5) times over the course of the calendar year (January 1-December 31), the Center reserves the right to withdraw your scholar from the program. On the sixth occurrence your scholar will be withdrawn from the center without further notice.**
- **In the event a child is still at the Center at 6:30 pm and we are unable to contact an authorized pick-up person, the scholar will be released to Child Protective Services or the Indianapolis Metropolitan Police Department.**
- Your scholar will not be released to ANYONE except those authorized individuals listed on your Emergency Contact Form. NO EXCEPTIONS. Those individuals must provide a valid picture identification at pickup.
- Flanner House reserves the right to change/modify these procedures and policies.

Initial _____

SCHOLAR ATTENDANCE POLICY

Please read and initial beside each item AND sign your name below confirming that you know, understand and will comply with this policy. If parent doesn't sign this policy, scholar will not be enrolled in this center and/or withdrawn effective 2/5/16.

_____ First Relatives (*parent, grandparent, sibling, aunt/uncle*) who are also employees of Flanner House CDC cannot work in their child's/ grandchild's classroom for any reason. In such a case the scholar will be moved to another classroom or not permitted enrollment into the center; failure to disclose such relationships will result in child being moved to another classroom.

_____ **All co-pays are due Friday the week prior to service.** If your co-pay is not paid by Tuesday morning, a **\$10 late will be applied to the co-pay.** If tuition balance including late fee is not paid in full by Wednesday morning, your scholar cannot return to the center until co-pay and late fees are paid in full.

_____ Tuition balances cannot exceed \$25.00 and payment arrangements can only be made with the Director. The agreement must be signed by the parent and Director. If payment arrangements are violated, the agreement will be terminated and the scholar is in jeopardy of possible withdrawal.

_____ All families can receive 2 weeks (5-day consecutive sequence) per year free where the scholar is not in attendance if requested in advance by parent in writing. Any absences beyond 2 weeks for any reason will require the weekly tuition to be paid. If no payment is received for the 3rd week by that Monday in the 3rd week, withdrawal of the scholar will be

effective that Monday. Enrollment space cannot be saved unless the spaces is being paid for each week.

_____ All families must sign/check your scholar in and out your scholar prior to picking them up from his/her classroom. It is the responsibility of the Custodial Caregiver to make sure your representative does this when also picking up the scholar on their behalf.

Signature _____ **Date** _____

FAMILY ZERO TOLERANCE POLICY

The full version of the “Family Zero Tolerance Policy” is provided in the **Family Handbook**. This summary will serve to inform parents upon enrollment of behaviors that may result in exclusion of a family from this center. Any occurrences of the following behaviors as explained below in the center or on center grounds including the parking lot will result in the immediate consequences as stated above:

- Carrying a concealed weapon of any type
- Smoking or consumption/sale of illegal substances
- Use of profane or offensive language/clothing
- Act of assault, intimidation or threats towards staff or other customers
- Damaging company property
- Falsification or failure to submit required documents/information
- Violation of tuition subsidy program compliance (*CCDF, Scholarship, OMWPK*)
- Utilizing cell phones in classrooms

Initial _____

MEDIA/MARKETING OPT OUT

Flanner House CDC will video monitor and photograph scholars, families and visitors for the purposed of training, marketing/media (print and electronic), safety, parent education/information and public relations. Scholars will not be identified by their full name and all efforts to maintain the confidentiality of the scholar’s identity will be maintained. If scholar’s picture/image is utilized, no compensation will be given to scholar or family. If the Custodial Guardian does not want scholar’s picture to be utilized in marketing/media materials he/she reserves the right to opt out of their scholar’s picture being utilized for marketing/media materials at any time by submitting a written statement to Flanner House stating that his/her child’s picture/image cannot be used.

_____ (*Initials*) My scholar’s picture can be used for media/marketing purposes.

_____ (*Initials*) I understand that my scholar’s picture/image may be photographed, video and audio recorded and used for training and information purposes.

_____ (*Initials*) I understand that Flanner House CDC may install video cameras throughout the building and that everyone’s presence is being recorded upon the entrance to this center and such recordings may be released to the proper authorities if needed.

CCDF POLICIES & PROCEDURES (CCDF voucher participants ONLY)

If you receive CCDF to pay for your scholar's tuition, the following rules apply to your scholar's attendance at Flanner House CDC. Please read and initial beside each item.

_____ Each scholar with a CCDF voucher is **REQUIRED** to be in attendance at the center at **least 25 hours each week**. If your scholar doesn't meet the 25-hour weekly minimum requirement, you will be billed for 50% of the weekly tuition. If you miss the 25-hour weekly attendance requirement by even a few minutes, CCDF will not pay your scholar's tuition in full therefore you will be billed for the remaining amount. All tuition balances are due in full the following Monday or entrance into the classroom will be denied.

_____ If your scholar misses a day, you may choose to use a personal day to fulfill this 25- hour weekly requirement or you will be billed for 50% of the weekly tuition.

_____ It is the Custodial Caregiver's responsibility to request a Provider Form or an appointment for scholarship renewal prior to the expiration of your voucher/scholarship. **Your scholar will not be allowed to remain in the center on an expired voucher/scholarship. All vouchers/scholarships must be current/active.**

_____ CCDF child care development fund is required to check scholars in and out on the CCDF POS machine daily. In the case the scholar **misses more than 3 check in/out swipes** Flanner House CDC reserves the right to withdraw a scholar from the center.

_____ Flanner House CDC gives you **2 business days** to input personal days or correct swipe in/out times on the POS System. If you do not input the personal days or corrected check in/out times, within those 2 business days, you may be required to pay a half week tuition in advance for the week that you did not input the correct information for. The Flanner House CDC reserves the right to deny your child entrance into the center until either the swipes are corrected or the 50%-week tuition is paid in full. This amount will be refunded to you, if CCDF pays the entire tuition balance for that week.

_____ Any falsification of documentation (*such as checking your scholar in/out on POS machine for time that your scholar was not in attendance*) will be immediately reported to CCDF and your scholar may be excluded from the program until the investigation is closed or you will be required to pay your scholar's tuition in advance.

_____ CCDF will only pay if your scholar attends the center, whenever the subsidy program doesn't pay for your scholar's full weekly tuition, you will be billed the remaining amount and expected to pay the balance the following week to maintain enrollment for your scholar.

_____ It is the Custodial Guardian's responsibility to maintain the voucher and keep Flanner House CDC updated on voucher changes. When the Custodial Guardian receives a new voucher, it must be turned in immediately to maintain enrollment.

_____ Flanner House CDC reserves the right at any time to deny enrollment, withdraw who violated the agency policies and/or the state subsidy policies/procedures.

_____ Flanner House CDC requires families to register on the CCDF parent/guardian web portal to best manage their CCDF attendance; portal is accessible at www.hoosierchildcare.com.

ON MY WAY PRE-K (OMWPK) POLICIES (OMWPK participants ONLY)

If you receive OMWPK to pay for your scholar's tuition, the following rules apply to your scholar's attendance at Flanner House CDC. Please read and initial beside each item.

_____ OMWPK scholars are expected to meet an 80% attendance requirement (*example: in month/ 20 days, the child needs to be present at least 16 days out of 20 days.*)

_____ Families are required to communicate reason for absences to Center Management.

_____ Doctor notices are required for any absences exceeding 5 consecutive days.

FAMILY HANDBOOK

A copy of the Family Handbook has been given to this Custodial Guardian. Custodial Guardians are expected to read the handbook and abide by all policies and procedures as stated in the handbook. Flanner House CDC reserves the right to modify the handbook at any time and provide each Custodial Guardian with an updated copy of the handbook or handbook enclosure. The Custodial Guardian understands that any violation of policy in the family handbook may result in the severance of the relationship with this center at any time without forewarning. All information pertaining to curriculum, lesson plan, teaching strategies and classroom management is contained in the handbook.

LICENSED CHILD CARE CENTER CONSENT

Indiana Code 12-7.2-2-1 (B) requires each child care center or child care home to record proof of a scholar's date of birth before accepting the scholar for care. A scholar's date of birth may be proven by the scholar's original birth certificate or other reliable proof the scholar's date of birth, including a duly attested transcript of a birth certificate. Refusing to share this information may result in your scholar's exclusion from a licensed child care program. Sharing the birth certification information is NOT optional.

It is the policy of Flanner House Child Development Center for all scholars to have a birth certificate on file AND that birth certificate information will be shared with any department of Indiana Division of Family Resources upon request. Parents/caregivers who do not want their scholar's information to be released to Indiana Division of Family Resources upon request for any reason will not be permitted to enroll their scholar in the Flanner House Child Development Center.

RELEASE AND WAIVER OF LIABILITY

In consideration of the services performed by Flanner House CDC employees and/or volunteers, the employees and volunteers of Flanner House CDC are released from liability for all action performed in good faith. This Custodial Guardian releases and holds harmless Flanner House CDC and its respective governors, employees, agents and volunteers from and against any and all claims arising out of scholar’s and/or parent’s involvement with Flanner House CDC.

ACKNOWLEDGEMENT

By signing below, Custodial Guardian is in agreement, understands and authorizes permission for all content contained within this Enrollment Application (18 pages). Custodial Guardian agrees that he/she was able to ask questions and receive answers before continuing with the enrollment of their child at this center. Custodial Guardian agrees to read the Family Handbook provided. Custodial Guardian agrees that all information provided is true to the best of their knowledge. Custodial Guardian understands that their provision of any false information, incomplete information or failure to disclosure may result the withdrawal of their scholar at any time during enrollment regardless of when the information was discovered. Custodial Guardian also understands that Flanner House Child Development Center may refuse care to any scholar/family at any time based on the violation of policies in either this enrollment application and/or the Family Handbook.

By completing this enrollment application, Custodial Guardian acknowledges that all health information pertinent to preserving the life of the scholar has been provided AND Custodial Guardian acknowledges that in the event that any health information that is pertinent to the preserving the life of the scholar was not disclosed prior to the enrollment of the scholar in writing with verification from an physician and an emergency action plan, FLANNER HOUSE will not assume any liability if scholar’s life is jeopardized during business operations (i.e. meals, exposure to sun) due to undisclosed health information.

Custodial Guardian is also acknowledging that in the event that scholar is diagnosed with an illness or health impairment/condition that may affect/impede/change the care provided by Flanner House CDC, Custodial Guardian will provide this diagnosis/information in writing and a written emergency action plan upon awareness of health impairment/condition. Custodial Guardian is aware that failure to properly inform Flanner House CDC in writing with this information may jeopardize the preservation of scholar’s life.

PRINT NAME CUSTODIAL GUARDIAN

SIGNATURE CUSTODIAL GUARDIAN

DATE



2018-2019 Field Trips PERMISSION SLIP

Dear Parents,
This PERMISSION SLIP will cover all of the 2018-2019 Field Trips scheduled for the scholars to take on and off-site of Flanner House Childcare Development Center Premises. Please see the school calendar for times and dates. A reminder letter will be sent out each month/week prior to a field trip. Please sign below if you would like your child to participate.

Thank you!

Date: _____

Scholar's Name: _____

Parent/Guardian (*Print*): _____

Parent/Guardian (*Signature*): _____





Consent for the Use of ISTAR-KR

*Please complete every blank.

By: _____ School Number: _____
(Name of School) *(Example: E111)*

I, _____, hereby consent to my child's participation in the ISTAR-KR (Indiana Standards Tool for Alternate Reporting of Kindergarten Readiness) assessment. Use of the ISTAR-KR assessment will allow me to receive periodic reports on the skills that my child has demonstrated in the areas that build toward kindergarten readiness and eventual success in school.

I understand that any data obtained from my child's ISTAR-KR assessment will be stored in a secure database that is maintained by the Indiana Department of Education and also designed to be compliant with the Family Educational Rights and Privacy Act (34 CFR Part 99).

I understand that my child's ISTAR-KR data may be accessed only by the program/facility or local education agency in which my child currently is enrolled. I further understand that my child's ISTAR-KR data will be made available to any Indiana public school that my child may attend in the future.

I understand that granting consent for the use of the ISTAR-KR assessment is voluntary. I also understand that I may revoke my consent at any time but that such revocation must be in writing in order to become effective. I further understand that any revocation of consent shall not be retroactive and, therefore, will not apply to ISTAR-KR assessments conducted prior to the written revocation of consent.

Student's Full Legal Name (printed)

Student's Date of Birth

Parent/Guardian Name (printed)

Relationship to the Student

Parent/Guardian Name (signature)

Date

Additional Information (optional):		
Race/Ethnicity:		
<input type="checkbox"/> American Indian	<input type="checkbox"/> Black (Not of Hispanic Origin)	<input type="checkbox"/> Asian
<input type="checkbox"/> Hispanic	<input type="checkbox"/> White (Not of Hispanic Origin)	<input type="checkbox"/> Multiracial
<input type="checkbox"/> Native Hawaiian or other Pacific Islander		
Home Language: _____		