

Child Information Record

Child Information Record

Child's name: [Child First Name](#) [Child Last Name](#)

Date: 8/8/2023

Applicable Funding Sources

Public funding - federal	Start date	End date (if applicable)

Public funding - state	Start date	End date (if applicable)

Public funding - local	Start date	End date (if applicable)

Private funding sources	Start date	End date (if applicable)

Participation in other programs	Start date	End date (if applicable)

Health insurance

As of Date	Primary Health Insurance Coverage

Dental Insurance

As of Date	Primary Dental Insurance Coverage

Child - specific start and exit dates

Child's start date: 8/8/2023

Child's exit date:

Reason for exit: