



Parents: You can only submit **one application** per child. **Center Requested:** _____

Child Applicant (CO1) _____ **(M/F) DOB:** _____

Race: (Circle all that apply) Black(B) Hispanic(H) White(W) Native American(N) Asian(A)

Pacific Islander(P) Other: _____

Primary Language: _____ **Secondary Language:** _____

Adult (AO1) _____ **(M/F) DOB:** _____

Relationship to Child: _____ **Race:** Black(B) Hispanic(H) White(W) Native American(N)

Asian(A) Pacific Islander(P) Other: _____

Highest Education Level: (Circle One) 9 or less 9 10 11 12 HSG GED Some College AS BS MA

Employment Status: (Circle One) Full Time Part Time Unemployed Seasonal Retired

Email Address: _____

Primary Language: _____ **Secondary Language:** _____

Lives with Family: Yes No **Provides Financial Support:** Yes No

(If in Household)

Adult (AO2) _____ **(M/F) DOB:** _____

Relationship to Child: _____ **Race:** Black(B) Hispanic(H) White(W) Native American(N)

Asian(A) Pacific Islander(P) Other: _____

Highest Education Level: (Circle One) 9 or less 9 10 11 12 HSG GED Some College AS BS MA

Employment Status: (Circle One) Full Time Part Time Unemployed Seasonal Retired

Email Address: _____

Primary Language: _____ **Secondary Language:** _____

Lives with Family: Yes No **Provides Financial Support:** Yes No

Child's Primary Health Insurance: (Circle one)

All Kids Medicaid Private CHIP Other None

Insurance Number: _____

Living Address: _____ **City:** _____ **Zip:** _____

Mailing Address: _____ **City:** _____ **Zip:** _____

Primary Phone Number: (Circle One)

Cell Home Work Message (____) _____ - _____

Secondary Phone Number: (Circle One)

Cell Home Work Message (____) _____ - _____

Physician Name: _____

Phone Number: (____) _____ - _____

Dentist Name: _____

Phone Number: (____) _____ - _____

Parents in Household: (Circle One) 1 2 **Teen Parent:** Yes No

Number in Family: _____ **# of Children in Household:** _____ **Section 8/HUD/Public Housing:** Yes No

Homeless Family: Yes No If Yes, explain: _____

Family Currently Receives: (Circle All that Apply): WIC TANF SSI SNAP(Food Stamps)

Child attended Early Head Start: Yes No

Active Duty Military: Yes No

Referred by Another Agency: Yes No

Does child have a disability or special need? Yes No Suspected

If Yes, give diagnosis, date, and source: _____

If suspected, what is the concern? _____

Does child have an existing IEP? Yes No



Children in Household									
Code	First	Last	DOB	Sex	Related To	How Related	Primary Lang.	English Prof	Race
CO2				M/F					
CO3				M/F					
CO4				M/F					
CO5				M/F					
CO6				M/F					

Related Codes: Both Adults= B12 Primary Adult = AO1 Secondary Adult = AO2

How Related Codes: Natural=C Grandchild=G Foster=F Niece/Nephew=N Other=O

English Proficiency Codes: None = 0 Poor =1 Moderate = 2 Proficient = 3

Race: Black(B) Hispanic(H) White(W) Native American(N) Asian(A) Pacific Islander(P) Other (O)

Emergency Contacts						How Related	Release To	
Name	Address, City, Zip				Phone		Yes	No

Certification: I certify that the information submitted on this application is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature: _____ Date: _____

FOR STAFF USE ONLY									
Application Date:			Application Status:			Accept Status:			
School Year:			Center:						
Child Eligible Next Year:			Yes	No	Sibling Eligible Next Year:			Yes	No
Elig. Code/Points	Income	/	Age	/	Disability	/	Parent Status	/	Other /
Releases Signed:			Yes	No	Total Eligibility Rating				
Eligibility Comments:									
Disability Comments:									
Income Verification									
Code (AO1, etc)	Amount	xAIC	Annual Income		Type	How			
	\$		\$		Earned/Unearned				
	\$		\$		Earned/Unearned				
	\$		\$		Earned/Unearned				
Total Yearly Income of Family			\$						
Annual Income Calculator (AIC): Twice Monthly (x24); Monthly (x12); Weekly (x52); Every Two Weeks (x26)									
Income Verification Codes: W-2 = W2; Tax Return = TR; Check Stub = CS; Letter = LE; Other = OT									

Processing Staff Member: _____ Date: _____

Verifying Staff Member: _____ Date: _____