



ENROLLMENT APPLICATION

Option Preference: <input type="checkbox"/> Part-day <input type="checkbox"/> Full-day <input type="checkbox"/> HomeBased <input type="checkbox"/> HomeStart

Parents/Guardians LIVING IN THE HOME			
For parent/Guardians not living in the home, please see page 2			
First Name	Last Name	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address (Address, City, State, Zip Code)		Home Phone ()	
Mailing Address (if different from above)		Cell Phone ()	
Housing Status <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with friends/family <input type="checkbox"/> Other:		Alternate Phone/Person ()	
Email Address		Do you want to receive text alerts <input type="checkbox"/> Yes <input type="checkbox"/> No	
Working <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	Employer		Active Military Duty <input type="checkbox"/> Yes <input type="checkbox"/> No
Attending School <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	School		Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino		Primary Language	Secondary Language
Race <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other:	Education Level <input type="checkbox"/> Grade 12 or less <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's	Relationship to Child <input type="checkbox"/> Biological Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Other/Kinship Caregiver (i.e., Grandparent):	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Partner

Secondary Caregiver LIVING IN THE HOME			
For parent/Guardians not living in the home, please see page 2			
First Name	Last Name	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone ()	Cell Phone ()	Alternate Phone/Person ()	
Email Address		Do you want to receive text alerts <input type="checkbox"/> Yes <input type="checkbox"/> No	
Working <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	Employer		Active Military Duty <input type="checkbox"/> Yes <input type="checkbox"/> No
Attending School <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	School		Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino		Primary Language	Secondary Language
Race <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other:	Education Level <input type="checkbox"/> Grade 12 or less <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's	Relationship to Child <input type="checkbox"/> Biological Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Other/Kinship Caregiver (i.e., Grandparent):	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Partner

Other Parent or Guardian Information NOT LIVING IN THE HOME

Check if not applicable

First Name		Last Name		Date of Birth		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address (Address, City, State, Zip Code)					Home Phone ()		
Mailing Address (if different from above)					Cell Phone ()		
Housing Status <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with friends/family <input type="checkbox"/> Other:					Alternate Phone/Person ()		
Email Address				Do you want to receive text alerts <input type="checkbox"/> Yes <input type="checkbox"/> No			
Working <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time		Employer			Active Military Duty <input type="checkbox"/> Yes <input type="checkbox"/> No		
Attending School <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time		School			Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino			Primary Language		Secondary Language		
Race <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other:		Education Level <input type="checkbox"/> Grade 12 or less <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's		Relationship to Child <input type="checkbox"/> Biological Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Other/Kinship Caregiver (i.e., Grandparent):		Living with Child <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Partner

Other Household Members

First Name	Last Name	Date of Birth	Relationship to Child
<input type="checkbox"/> No Other Household Members At This Time			

Enrolling Child(ren) Information

First Name		Last Name		Date of Birth		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Child's Place of Birth		MaineCare ID or Other Health Insurance Name and ID <input type="checkbox"/> Check here if insurance is for prescription medication ONLY					
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino			Child's Primary Language		Child's Secondary Language		
Race <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other:							
Does your child have a diagnosed special need (IFSP/IEP, therapies, etc.)? If yes, please identify:							
Does your child have any health, nutritional or developmental concerns, including allergies and asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No							

Please add below information for additional child(ren) to be enrolled

First Name	Last Name	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Place of Birth	MaineCare ID or Other Health Insurance Name and ID <input type="checkbox"/> Check here if insurance is for prescription medication ONLY		
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	Child's Primary Language	Child's Secondary Language	
Race <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other:			
Does your child have a diagnosed special need (IFSP/IEP, therapies, etc.)? If yes, please identify:			
Does your child have any health, nutritional or developmental concerns, including allergies and asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No			

First Name	Last Name	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Child's Place of Birth	MaineCare ID or Other Health Insurance Name and ID <input type="checkbox"/> Check here if insurance is for prescription medication ONLY		
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	Child's Primary Language	Child's Secondary Language	
Race <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Other:			
Does your child have a diagnosed special need (IFSP/IEP, therapies, etc.)? If yes, please identify:			
Does your child have any health, nutritional or developmental concerns, including allergies and asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Please provide the following with application – assistance is available if needed

<input type="checkbox"/> Copy of Official Birth Certificate (Certificate of Vital Record) <input type="checkbox"/> Copy of the current Immunization record <input type="checkbox"/> Proof of Household Income (Paystubs, TANF, SSI, Unemployment, Child Support, etc) <input type="checkbox"/> Copy of MaineCare card or other Health Insurance card <input type="checkbox"/> Copy of your 1040 Tax Form (Educare Only)

I certify that the information given on this application is correct to the best of my knowledge. I understand that this application serves as an application for preschool, Early Head Start, Head Start or Early Head Start-Child Care Partnership services. I understand that this information may be provided to the Maine Department of Health & Human Services and Maine Department of Education for use in the administration of this program. I understand the Enrollment Committee reviewing this application may include public school, Head Start and Child Development Services (CDS) staff, EHS-CC partners. I understand that this information may be shared with other KVCAP programs.

Parent/Guardian Signature: _____ Date: _____

I give permission for KVCAP C&FS to conduct the following health and developmental screenings for my child:
 · Height/Weight · Blood Pressure · Vision/Hearing · Developmental

The results of screenings will be discussed with parents/guardians along with any recommendations for follow-up that may be indicated from the screenings. Please review our screening brochure for information regarding health and developmental screenings and connect with staff regarding any additional questions you may have.

Parent/Guardian Signature: _____ Date: _____