***Child & Family Services, Inc. of Lea County***

 **Family Enrollment Application**

**ENROLLMENT OPPORTUNITIES AT CHILD & FAMILY SERVICES INC. OF LEA COUNTY**

* **Children Ages Birth to Three Years – Early Head Start & Early Care**
* **Children Ages Three to Five – Head Start, PreK & Preschool & Child Care**
* **Children Ages 5 through 12 – After School & Summer Child Care**
* **Pregnant Women – Pregnant Women Program**

**CHILD INFORMATION**

**INSTRUCTIONS:** Please **start with information on the child(ren) for whom you are applying. Next provide information for all of your children. Return completed application with a month’s proof of income for the household and child’s birth certificate and shot record.**

**\*If more than three children reside in the household ask for the additional children form.**

**Child 1 Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you applying for enrollment for this child into any of the above programs?  Yes  No**

Child’s Gender:  Male  Female

Race:  Asian  Black  Hawaiian  Native American  White  Multi-Racial/Bi-Racial (specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Ethnicity:  Hispanic  Non-Hispanic

Primary Language  English  Spanish  Other \_\_\_\_\_\_\_\_ 1st Language Proficiency  Proficient  Moderate  Little

Secondary Language  None  English  Spanish  Other \_\_\_\_\_\_\_\_ 2nd Language Proficiency  Proficient  Moderate  Little

English Language Proficiency:  Proficient  Moderate  Little  None

Is child potty trained?  Yes  No Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of child’s general health: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does Child have Disability:  Yes  No If yes, diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does child have medical insurance?  Yes  No If yes, insurance type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No Doctor Dentist Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No Dentist

**Child 2 Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you applying for enrollment for this child into any of the above programs?  Yes  No**

Child’s Gender:  Male  Female

Race:  Asian  Black  Hawaiian  Native American  White  Multi-Racial/Bi-Racial (specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Ethnicity:  Hispanic  Non-Hispanic

Primary Language  English  Spanish  Other \_\_\_\_\_\_\_\_ 1st Language Proficiency  Proficient  Moderate  Little

Secondary Language  None  English  Spanish  Other \_\_\_\_\_\_\_\_ 2nd Language Proficiency  Proficient  Moderat 0e  Little

English Language Proficiency:  Proficient  Moderate  Little  None

Is child potty trained?  Yes  No Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of child’s general health: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does Child have Disability:  Yes  No If yes, diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does child have medical insurance?  Yes  No If yes, insurance type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No Doctor Dentist Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No Dentist

**Child 3 Full Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you applying for enrollment for this child into any of the above programs?  Yes  No**

Child’s Gender:  Male  Female

Race:  Asian  Black  Hawaiian  Native American  White  Multi-Racial/Bi-Racial (specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Ethnicity:  Hispanic  Non-Hispanic

Primary Language  English  Spanish  Other \_\_\_\_\_\_\_\_ 1st Language Proficiency  Proficient  Moderate  Little

Secondary Language  None  English  Spanish  Other \_\_\_\_\_\_\_\_ 2nd Language Proficiency  Proficient  Moderate  Little

English Language Proficiency:  Proficient  Moderate  Little  None

Is child potty trained?  Yes  No Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of child’s general health: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does Child have Disability:  Yes  No If yes, diagnosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does child have medical insurance?  Yes  No If yes, insurance type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No Doctor Dentist Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No Dentist

**CHILDREN’S PAST ENROLLMENT EXPERIENCE**

Are any of the Children a former Child & Family Services Student?  Yes  No (if yes, answer questions on line below)

 If yes,  Early Head Start  Head Start  PreK Child(ren’s) Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have any of the children attended any other Head Start Program previously?  Yes  No If yes, Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have any of the children attended any other Preschool or Child Care Program previously? Yes  No If yes, Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **PARENT OR GUARDIAN INFORMATION**

**Primary Parent/Guardian Information**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_ Gender  Male  Female

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type:  Cell  Home Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race:  Asian  Black  Hawaiian  Native American  White  Multi-Racial/Bi-Racial (specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Ethnicity:  Hispanic  Non-Hispanic

Primary Language  English  Spanish  Other \_\_\_\_\_\_\_\_ 1st Language Proficiency  Proficient  Moderate  Little

Secondary Language  None  English  Spanish  Other \_\_\_\_\_\_\_\_ 2nd Language Proficiency  Proficient  Moderate  Little

English Language Proficiency:  Proficient  Moderate  Little  None

Highest Grade Completed:  Masters  Bachelors  Associates  Some College  HS Grad  GED  Grade 11  Grade 10  Grade 9 or less

Employment Status:  FT 35+hrs  PT -35hrs  Seasonal  Unemployed  FT Emp & Student  PT Emp & Student  Student  Retired/Disabled

Employer/School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer/School Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child(ren’s) Legal Relationship:  Natural/Adopted/Step-Parent  Grandchild  Niece/Nephew  Foster  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is Parent/Guardian a custodial parent to the child(ren)?  Yes  No

 Check all that apply:  Live with Child(ren)  Provide Financial Support  Teen Parent  Incarcerated

Currently pregnant?  Yes  No

 If yes, due date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ would you like to apply for our Pregnant Women Program?  Yes  No

**Parent/Guardian 2 or Other Adult Information**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_ Gender  Male  Female

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type:  Cell  Home Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Race:  Asian  Black  Hawaiian  Native American  White  Multi-Racial/Bi-Racial (specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Ethnicity:  Hispanic  Non-Hispanic

Primary Language  English  Spanish  Other \_\_\_\_\_\_\_\_ 1st Language Proficiency  Proficient  Moderate  Little

Secondary Language  None  English  Spanish  Other \_\_\_\_\_\_\_\_ 2nd Language Proficiency  Proficient  Moderate  Little

English Language Proficiency:  Proficient  Moderate  Little  None

Highest Grade Completed:  Masters  Bachelors  Associates  Some College  HS Grad  GED  Grade 11  Grade 10  Grade 9 or less

Employment Status:  FT 35+hrs  PT -35hrs  Seasonal  Unemployed  FT Emp & Student  PT Emp & Student  Student  Retired/Disabled

Employer/School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer/School Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child(ren’s) Legal Relationship:  Natural/Adopted/Step-Parent  Grandchild  Niece/Nephew  Foster  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is Parent/Guardian a custodial parent to the child(ren)?  Yes  No

 Check all that apply:  Live with Child(ren)  Provide Financial Support  Teen Parent  Incarcerated

Currently pregnant?  Yes  No

 If yes, due date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ would you like to apply for our Pregnant Women Program?  Yes  No

## FAMILY INFORMATION

Family Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status of Parents:  Single  Married  Divorced  Living Together  Separated  Widowed

Family Type:  One Parent  Two Parents  Teen Parent  Foster  Active Military

Family’s preferred oral communication?  English  Spanish Family’s preferred written communication?  English  Spanish

Recipient of the following (check all that apply)?  Cash Benefits  SNAP (Food Stamps)  WIC  SSI  None

Total number of people living in the household: \_\_\_\_\_\_\_\_\_\_\_\_

 Please describe anyone living in the household **not** on the application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts – Name Phone Relationship Address Authorized Pick Up?**

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No

CERTIFICATION: I certify that this information is true. If any part is false, my family’s participation in the Agency’s Programs may be terminated. I understand that the information in this application is strict confidence within the agency and is accessible to me during normal business hours.

**Parent Signature Application Submission Date**

Child & Family Services, Inc. of Lea County does not discriminate against families or children on the basis of race, color, religion or national/ethnic origin

**ENROLLMENT INFORMATION Year 1**

Submission Date (Office Use) Enrollment Date (Office Use) Exit Date (Office Use) 1st Day of Attendance (Office Use)

**RE-ENROLLMENT INFORMATION Year 2**

Enrollment Date (Office Use) Exit Date (Office Use)

**RE-ENROLLMENT INFORMATION Year 3**

Enrollment Date (Office Use) Exit Date (Office Use)