Option Preference:
☐ Preschool
☐ Child Care
☐ Home Visiting program

ENROLLMENT APPLICATION

PARENTS/GUARDIANS LIVING IN THE HOME For Parents/Guardians not living in the home, please see page 2										
Parent/Guardian First Name					Sex					
							☐ Male ☐ Female			
Street Address (Address, City, State, Zip Code)					Hor (Home Phone				
Mailing Address (if different from above)					Cell	Cell Phone				
Housing Status					Alte	Alternate Phone/Person				
□ Own □ Rent □ Live with friends/family □ Other:					(()				
Email Address						Do you want to receive text alerts ☐ Yes ☐ No				
Working ☐ Part-time ☐ Full-time	Employer	Employer					Active Military Duty ☐ Yes ☐ No			
	C-11									
Attending School ☐ Part-time ☐ Full-time	School	chool					Veteran ☐ Yes ☐ No			
Ethnicity		Primary	Langu	ıage		Secon	Secondary Language			
☐ Hispanic or Latino ☐ Not	n-Hispanic or Latino									
Race	Education Level		Relat	ionship	to Child	l	Marital Status			
☐ Asian	☐ Grade 12 or less			ological			☐ Single			
☐ Caucasian/White	□ GED	ā	☐ Adoptive Parent				☐ Married			
☐ Black/African American	☐ High School Dip	oloma	_ robter rurent				□ Divorced			
☐ American Indian or Alaskan	☐ Associate's		☐ Step Parent				☐ Separated			
Native	☐ Bachelor's ☐ Master's	☐ Other/Kinship Caregive				giver	☐ Partner			
☐ Native Hawaiian or other	□ Master's		(1.e	., Granc	dparent):					
Pacific Islander ☐ Other:										
□ Other.										
SECONDARY CAREGIVER LIVING IN THE HOME For Parents/Guardians not living in the home, please see page 2										
Parent/Guardian First Name	Last Name				f Birth					
						☐ Male ☐ Female				
Home Phone	Cell Phone				Alterna	Alternate Phone/Person				
()	()									
				•	you want to receive text alerts					
					☐ Yes	□ No				
Working ☐ Part-time ☐ Full-time	Employer	mployer					Active Military Duty ☐ Yes ☐ No			
Attending School ☐ Part-time ☐ Full-time	School	chool					Veteran □ Yes □ No			
Ethnicity		Primary	Langu	ıage		Secon	dary Language			
☐ Hispanic or Latino ☐ Noi	n-Hispanic or Latino		J	C						
Race	Education Level		Relati	ionship	to Child	<u> </u>	Marital Status			
☐ Asian	☐ Grade 12 or less						☐ Single			
☐ Caucasian/White	\square GED	☐ Adoptive Par					☐ Married			
☐ Black/African American	☐ High School Dip	n School Diploma ☐ Foster Paren					☐ Divorced			
☐ American Indian or Alaskan	☐ Associate's	's ☐ Step Parent			t	☐ Separated				
Native	☐ Bachelor's	☐ Other/Kinship Caregiver ☐ Partner			☐ Partner					
☐ Native Hawaiian or other	☐ Master's		(i.e., Grandparent):							
Pacific Islander										
☐ Other:										

OTHER PARENT OR GUARDIAN INFORMATION NOT LIVING IN THE HOME Check if not applicable											
Parent/Guardian First Name Last Name			прриси	Date of Birth			Sex				
					☐ Male ☐ Female						
Street Address (Address, City, State, Zip Code)			I	Home Phone							
					()					
Mailing Address (if different from above)					Cell Phone						
Housing Status						Alternate Phone/Person					
☐ Own ☐ Rent ☐ Live with friends/family ☐ Other:											
Email Address		<i>y</i> —			Do you wai	nt to	receive	text alerts			
					□ Yes □		20001,0				
Working	I	Employer			_ 145	- 10		Active Mi	litary Duty		
☐ Part-time ☐ Full-time		1 0						□ Yes □			
Attending School	5	School Veteran									
☐ Part-time ☐ Full-time			☐ Yes ☐ No] No			
Ethnicity			Primar	y Langi	uage		Secon	ndary Lang	uage		
☐ Hispanic or Latino ☐ ☐		Hispanic or Latino									
Race		ication Level	Relation	onship t	to Child			vith Child	Marital		
☐ Asian		Grade 12 or less		ogical F			□ Yes		Status		
☐ Caucasian/White		GED	in raoptive raient			□ No		☐ Single			
☐ Black/African American		High School Diploma Associate's	☐ Foster Parent						☐ Married		
☐ American Indian or		Associate s Bachelor's	☐ Step Parent						☐ Divorced☐ Separated☐		
Alaskan Native		Master's						☐ Partner			
☐ Native Hawaiian or other Pacific Islander		viasici s	(i.e., Grandparent): □ Par								
Other:											
_ one.			1								
		Other H	ouseholo								
First Name	Name Last Name Date of Birth Relationship to Child					ld					
	-										
	+										
☐ No Other Household Me	mber	rs At This Time									
		ENROLLING CH	ILD(RE	N) INF	ORMATIO	ON					
Child First Name		Last Name			Date of B	irth		Sex			
								☐ Male ☐	☐ Female		
Place of Birth		MaineCare ID or Ot	her Hea	lth Insu	ırance Nan	ne an	d ID				
		☐ Check here if insurance	o is for pr	occrintio	n modication	ONI	v				
Ethnicity		Check here it misurand			ry Languag			l's Secondai	ry Language		
☐ Hispanic or Latino ☐ Non-Hispanic or Latino											
Race											
☐ Asian ☐ Caucasian/White ☐ Black/African American ☐ American Indian or Alaskan Native											
□ Native Hawaiian or other Pacific Islander □ 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?											
☐ Yes ☐ No											

ADDITIONAL CHILD(REN) TO BE ENROLLED								
Child First Name	Last Name				Sex			
					☐ Male ☐ Female			
Place of Birth	MaineCare ID or O	ther Health Insu	rance Name and	ID				
	_							
E41 2 - 24	☐ Check here if insurance is for prescription medication ONLY							
Ethnicity	TT' ' T .'	Child's Primar	y Language	Child	's Secondary Language			
^	Hispanic or Latino							
Race	□ D1 1/46: A		T 11	1 3				
☐ Asian ☐ Caucasian/White			can Indian or Ala	iskan N	ative			
□ Native Hawaiian or other Pacific Islander □ Other: Does your child have a diagnosed special need (IFSP/IEP, therapies, etc.)? If yes, please identify:								
Does your clind have a diagnose	cu speciai neeu (11 51	/IEI, therapies,	etc.): If yes, pied	ase luci	miy.			
Does your child have any health	. nutritional or devel	lonmental concer	ns, including all	ergies	and asthma?			
☐ Yes ☐ No	y much resolute of the ver	opinionum concer	ins, meruung un	er gres				
Child First Name	Last Name		Date of Birth		Sex			
Cind First Name	Last Name		Date of Birtin		☐ Male ☐ Female			
Place of Birth	 MaineCare ID or O	thor Hoolth Incu	ranca Nama and	ID				
Trace of Birtin	Wallecare ID of O	diei Health illsu	rance maine and	ענו				
	☐ Check here if insuran	nce is for prescription	n medication ONLY					
Ethnicity		Child's Primar			l's Secondary Language			
☐ Hispanic or Latino ☐ Non-	Hispanic or Latino							
Race				•				
☐ Asian ☐ Caucasian/White	☐ Black/African Am	erican Ameri	can Indian or Ala	ıskan N	ative			
☐ Native Hawaiian or other Pacif	ic Islander Other	:						
Does your child have a diagnose	ed special need (IFSP	P/IEP, therapies,	etc.)? If yes, plea	ase ider	ntify:			
Does your child have any health, nutritional or developmental concerns, including allergies and asthma? \square Yes \square No								
Please provide the following with application – assistance is available if needed								
☐ Copy of Official Birth Certif								
☐ Copy of the current Immuni	zation record							
☐ Proof of Household Income (Paystubs, TANF, SS	I, Unemploymen	t, Child Support	t, etc)				
□ Copy of MaineCare card or other Health Insurance card								
☐ 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:					