

**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*

<b>Parent/Guardian First Name</b>	<b>Last Name</b>	<b>Date of Birth</b>	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Street Address (Address, City, State, Zip Code)</b>		<b>Home Phone</b> ( )	
<b>Mailing Address (if different from above)</b>		<b>Cell Phone</b> ( )	
<b>Housing Status</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with friends/family <input type="checkbox"/> Other:		<b>Alternate Phone/Person</b> ( )	
<b>Email Address</b>		<b>Do you want to receive text alerts</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Working</b> <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	<b>Employer</b>		<b>Active Military Duty</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Attending School</b> <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	<b>School</b>		<b>Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino		<b>Primary Language</b>	<b>Secondary Language</b>
<b>Race</b> <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:	<b>Education Level</b> <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	<b>Relationship to Child</b> <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):	<b>Marital Status</b> <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 Parents/Guardians not living in the home, please see page 2*

<b>Parent/Guardian First Name</b>	<b>Last Name</b>	<b>Date of Birth</b>	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Home Phone</b> ( )	<b>Cell Phone</b> ( )	<b>Alternate Phone/Person</b> ( )	
<b>Email Address</b>		<b>Do you want to receive text alerts</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Working</b> <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	<b>Employer</b>		<b>Active Military Duty</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Attending School</b> <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	<b>School</b>		<b>Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino		<b>Primary Language</b>	<b>Secondary Language</b>
<b>Race</b> <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:	<b>Education Level</b> <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	<b>Relationship to Child</b> <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):	<b>Marital Status</b> <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

<b>Parent/Guardian First Name</b>	<b>Last Name</b>	<b>Date of Birth</b>	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Street Address (Address, City, State, Zip Code)</b>		<b>Home Phone</b> ( )		
<b>Mailing Address (if different from above)</b>		<b>Cell Phone</b> ( )		
<b>Housing Status</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with friends/family <input type="checkbox"/> Other:		<b>Alternate Phone/Person</b> ( )		
<b>Email Address</b>		<b>Do you want to receive text alerts</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Working</b> <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	<b>Employer</b>		<b>Active Military Duty</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Attending School</b> <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time	<b>School</b>		<b>Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino		<b>Primary Language</b>		<b>Secondary Language</b>
<b>Race</b> <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:	<b>Education Level</b> <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	<b>Relationship to Child</b> <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):	<b>Living with Child</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Partner

**Other Household Members**

<b>First Name</b>	<b>Last Name</b>	<b>Date of Birth</b>	<b>Relationship to Child</b>

No Other Household Members At This Time

**ENROLLING CHILD(REN) INFORMATION**

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

<b>ADDITIONAL CHILD(REN) TO BE ENROLLED</b>			
<b>Child First Name</b>	<b>Last Name</b>	<b>Date of Birth</b>	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Place of Birth</b>	<b>MaineCare ID or Other Health Insurance Name and ID</b> <input type="checkbox"/> Check here if insurance is for prescription medication ONLY		
<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<b>Child's Primary Language</b>	<b>Child's Secondary Language</b>	
<b>Race</b> <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:			
<b>Does your child have a diagnosed special need (IFSP/IEP, therapies, etc.)? If yes, please identify:</b>			
<b>Does your child have any health, nutritional or developmental concerns, including allergies and asthma?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Child First Name</b>	<b>Last Name</b>	<b>Date of Birth</b>	<b>Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Place of Birth</b>	<b>MaineCare ID or Other Health Insurance Name and ID</b> <input type="checkbox"/> Check here if insurance is for prescription medication ONLY		
<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino	<b>Child's Primary Language</b>	<b>Child's Secondary Language</b>	
<b>Race</b> <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:			
<b>Does your child have a diagnosed special need (IFSP/IEP, therapies, etc.)? If yes, please identify:</b>			
<b>Does your child have any health, nutritional or developmental concerns, including allergies and asthma?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

- Copy of Official Birth Certificate (Certificate of Vital Record)
- Copy of the current Immunization record
- Proof of Household Income (Paystubs, TANF, SSI, Unemployment, Child Support, 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: \_\_\_\_\_