



Option Preference:
 Child Care (full-day)
 Preschool (part- or school-day)
 HomeStart Partner location
 (For more information, visit kvcap.org)

ENROLLMENT APPLICATION

Primary Parent/Guardian

First Name		Last Name		Date of Birth		Gender: <input type="checkbox"/> Unspecified <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"/> Homeless <input type="checkbox"/> Other						Text alerts: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address						Email alerts <input type="checkbox"/> Yes <input type="checkbox"/> No	
Working <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time Employer:		Attending School <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time School:		Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		Active Military Duty <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino		Primary Language:		Primary Caretaker has Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No			
Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other:		Highest Education Level <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> College/Training Certificate <input type="checkbox"/> GED <input type="checkbox"/> Grade 11 or less <input type="checkbox"/> High School Diploma <input type="checkbox"/> Master's Degree		Relationship to Child <input type="checkbox"/> Biological Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other:		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Partnered	

Secondary Caretaker Living in the Home

First Name		Last Name		Date of Birth		Gender: <input type="checkbox"/> Unspecified <input type="checkbox"/> Male <input type="checkbox"/> Female	
Cell Phone ()						Text alerts <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address						Email alerts <input type="checkbox"/> Yes <input type="checkbox"/> No	
Working <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time Employer:		Attending School <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time School:		Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		Active Military Duty <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino		Primary Language:		Secondary Caretaker has Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No			
Race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other:		Highest Education Level <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> College/Training Certificate <input type="checkbox"/> GED <input type="checkbox"/> Grade 11 or less <input type="checkbox"/> High School Diploma <input type="checkbox"/> Master's Degree		Relationship to Child <input type="checkbox"/> Biological Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other:		Relationship to Primary Caretaker <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Boyfriend/Girlfriend <input type="checkbox"/> Parent <input type="checkbox"/> Other:	

Other Household Members

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

