

ENROLLMENT APPLICATION

Option Preference:
☐ Part-day
☐ Full-day
☐ HomeBased
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				
							☐ Male ☐ Female		
Street Address (Address, City,	Address, City, State, Zip Code) Home Phone				ne				
Mailing Address (if different from above) Cell I				Phone	Phone				
Housing Status ☐ Own ☐ Rent ☐ Live with friends/family ☐ Other:				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						Active Military Duty Yes No		
Attending School ☐ Part-time ☐ Full-time	School	chool					Veteran ☐ Yes ☐ No		
Ethnicity ☐ Hispanic or Latino ☐ Nor	-Hispanic or Latino	Primary	ary Language Secondary				dary Language		
Race ☐ Asian ☐ Caucasian/White ☐ Black/African American ☐ American Indian or Alaskan Native ☐ Native Hawaiian or other Pacific Islander ☐ Other:	Education Level ☐ Grade 12 or less ☐ GED ☐ High School Dip ☐ Associate's ☐ Bachelor's ☐ Master's	☐ Adoptive Parent				Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Partner			
Secondary Caregiver LIVING IN THE HOME									
First Name	First Name For parent/Guardians not living in the home, please see page 2 Last Name Date of Birth					Sex			
						☐ Male ☐ Female			
Home Phone	Cell Phone	Cell Phone Alternate Phon			te Phon	e/Person			
Email Address		Do you want to ☐ Yes ☐ No					receive text alerts		
Working ☐ Part-time ☐ Full-time	Employer						Active Military Duty ☐ Yes ☐ No		
Attending School ☐ Part-time ☐ Full-time	School	chool					Veteran ☐ Yes ☐ No		
Ethnicity ☐ Hispanic or Latino ☐ Nor						Secon	ondary Language		
Race ☐ Asian ☐ Caucasian/White ☐ Black/African American ☐ American Indian or Alaskan Native ☐ Native Hawaiian or other Pacific Islander ☐ Other:	Education Level ☐ Grade 12 or less ☐ GED ☐ High School Dip ☐ Associate's ☐ Bachelor's ☐ Master's	2 or less ☐ Biologic: ☐ Adoptive ☐ Foster Pare te's ☐ Step Pare T's ☐ Other/Ki			Parent Parent ent at ship Care		Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Partner		

Other Parent or Guardian Information NOT LIVING IN THE HOME □ Check if not applicable									
First Name	Last Name		11	Date of B	Birth Sex				
							☐ Male ☐] Female	
Street Address (Address, Cit	y, State, Zip Code)				Home Phone				
Mailing Address (if different from above) Cell Phone									
Housing Status () Alternate Phone/Person				n					
□ Own □ Rent □ Live with friends/family □ Other:					-				
Email Address Do you want to receive text alerts									
				□ Yes □ 1	No				
Working ☐ Part-time ☐ Full-time	Employer	Employer					Active Military Duty ☐ Yes ☐ No		
Attending School ☐ Part-time ☐ Full-time	School					Veteran ☐ Yes ☐	l No		
Ethnicity		Primar	y Langu	ıage		Secor	ıdary Langı	ıage	
•	on-Hispanic or Latino	•		O			, s	S	
Race	Education Level	Relatio	onship t	o Child	L	iving v	vith Child	Marital	
☐ Asian	☐ Grade 12 or less	☐ Biological Parent				∃ Yes		Status	
☐ Caucasian/White	□ GED		ptive Pa			∃No		☐ Single	
☐ Black/African American	☐ High School Diploma ☐ Associate's		er Parer	nt				☐ Married	
☐ American Indian or	☐ Associate s ☐ Bachelor's	☐ Step Parent						☐ Divorced ☐ Separated	
Alaskan Native ☐ Native Hawaiian or other	☐ Master's	☐ Other/Kinship Caregiver					☐ Partner		
Pacific Islander	industri 5	(i.e., Grandparent):							
☐ Other:									
<u> </u>									
	Other H	ouseholo							
First Name	Last Name		Dat	e of Birth	R	Relation	ship to Chil	d	
☐ No Other Household Men	nbers At This Time								
	T 111 C	11 11 1/	\ T . C						
First Name	Enrolling C Last Name	niid(ren) Intorr	Date of B	irth		Sex		
riist ivaine	First Name Last Name			Date of Birtin			☐ Male ☐ Female		
Child's Place of Birth	MaineCare ID or Ot	are ID or Other Health Insurance Name and ID							
☐ Check here if insurance is for prescription medication ONLY Ethnicity									
☐ Hispanic or Latino ☐ Non-Hispanic ☐ No									
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? \square Yes \square No									

Please a	dd below informatio	n for additional o	child(ren) to be e	enrolle	d			
First Name	Last Name	Date of Birth	Sex					
					☐ Male ☐ Female			
Child's Place of Birth	MaineCare ID or O	ther Health Insu	rance Name and	ID				
T241	☐ Check here if insurance is for prescription medication ONLY							
Ethnicity	II I '.	Child's Primar	y Language	Child	's Secondary Language			
*	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:								
boes your clind have a diagnose	a special fieca (11 51)	incrupies,	200.). 11 yes, piec	ise idei	uiry.			
Does your child have any health	, nutritional or devel	opmental concer	ns, including all	ergies	and asthma?			
□ Yes □ No								
First Name	Last Name		Date of Birth		Sex			
					☐ Male ☐ Female			
Child's Place of Birth	MaineCare ID or O	ther Health Insu	rance Name and	ID				
	☐ Check here if insuran							
Ethnicity		Child's Primar	y Language	Child	's Secondary Language			
*	☐ Hispanic or Latino ☐ Non-Hispanic or Latino							
Race								
☐ Asian ☐ Caucasian/White			can Indian or Ala	iskan N	ative			
☐ Native Hawaiian or other Pacifi			-4-\9 If1	: 1	4: C			
Does your child have a diagnose	a special need (IFSP)	/IEP, therapies, o	etc.)? If yes, plea	ase iden	itify:			
Does your child have any health	. nutritional or devel	opmental concer	ns, including all	ergies :	and asthma?			
□ Yes □ No	,		.,					
Plaaca provid	le the following with	annlication – ass	rictanco ic availa	hla if n	hahaa			
☐ Copy of Official Birth Certifi	<u> </u>		istance is availa	DIC II II	ccucu			
☐ Copy of the current Immuniz	,	100010)						
		I Unemploymen	t Child Support	etc)				
☐ 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) 								
Copy of your 1040 Tax Form	(Educate Omy)							
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:					