



# ENROLLMENT APPLICATION

<b>Option Preference:</b> <input type="checkbox"/> Part-day <input type="checkbox"/> Full-day <input type="checkbox"/> HomeBased <input type="checkbox"/> HomeStart
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## Primary Parent/Guardian

First Name	Last Name	Date of Birth	Gender: <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:	
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"/> Partner

## Secondary Caretaker Living in the Home

First Name	Last Name	Date of Birth	Gender: <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:	
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

No Other Household Members At This Time

