



Option Preference:
 Part-day Preschool
 Full-day Child Care
 Home Visiting
 Prenatal
 (For more information, visit educarecentralmaine.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:			
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:			
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

Primary Parent/Guardian Name:

Enrolling Child Information

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

Parent/Guardian Not Living in the Home

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:		
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

Please provide the following with application.

Assistance is available if needed.

- Copy of Official Birth Certificate (Certificate of Vital Record) or MaineCare card or other Health Insurance card
- Copy of the current Immunization record (KVCAP Child & Family Services has an agreement in place for access to the State of Maine Immunization System (ImmPact) to view patient immunization reports. Immunization records may be accessed or obtained for children who apply to enroll in our program or one of our collaborative programs, unless otherwise indicated by a signed refusal to access any medical records.)
- Proof of Household Income (paystubs, TANF, SSI, Unemployment, Child Support, etc.)

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.

_____/_____/_____
Parent/Guardian Signature Date

I understand and agree to the following statements about this application:

- **The information is correct to the best of my knowledge**
- **Information will be stored in a secured electronic record system by KVCAP**
- **KVCAP will assure privacy and confidentiality per agency policies and relevant laws.**
- **KVCAP may access my information to:**
 - **Determine program eligibility**
 - **Support service delivery**
 - **Show compliance with funder requirements**
- **Personal information will be de-identified (no names) unless required for the specific program(s) I choose to participate in**
- **Additional information may be required to determine eligibility for specific KVCAP programs**

_____/_____/_____
Parent/Guardian Signature Date