

ENROLLMENT APPLICATION

Applying for 10-11 Year 11-12 Year (check 1 only)

Child's Name (as printed on Birth Certificate) First: _____ Last: _____	Birth Date / /	Racial/Ethnic Codes (Codes match Michigan SRSD reporting) <input type="checkbox"/> Am. Indian or Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pac. Islander <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White	Related to: check all that apply (See below) <input type="checkbox"/> Adult 1 <input type="checkbox"/> Adult 2	How Related <input type="checkbox"/> Natural Child <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Grand Child <input type="checkbox"/> Foster Child Other _____	Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish Other _____	Secondary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish Other _____
	Sex M F					
Child has disability or special need. No Suspected Yes IEP for : _____ <input type="checkbox"/> Has Current IEP <input type="checkbox"/> IEP in Process			Was child referred to program? No Yes (If yes, by whom and why?)			

FAMILY INFORMATION

Adult 1 <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other _____ First Name _____ Last Name _____ please specify if other _____	Does your family receive WIC? Yes No If yes, WIC # _____ Last WIC visit? _____	My family: <input type="checkbox"/> Sleeps somewhere different several nights a week/month. <input type="checkbox"/> Shares the housing of other persons due to loss of housing or loss of job. <input type="checkbox"/> Lives in motels or campgrounds. <input type="checkbox"/> Lives in emergency or transitional shelters. <input type="checkbox"/> Is awaiting foster care placement. (example: Child Haven) <input type="checkbox"/> Lives in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.
Mailing Address _____ City _____ State MI Zip Code _____ County _____	Living Address _____ City _____ State MI Zip Code _____ County _____	
Home Phone Number () _____ Work Phone () _____ Message Phone () _____	Cell #1 () _____ Cell #2 () _____	
Primary Language _____ Secondary Language _____ Sex M F Education _____ Employment _____	Does this individual live with the family? Yes No Does this individual provide financial support for the family? Yes No	
English Spanish Other _____ English Spanish Other _____		

Education Level Codes LTH=Less than High School Degree HSG/GED = High School Graduate	SC=Some College CD = College Degree	Employment Status Codes (List all codes that apply)	F = Full Time Employed P = Part Time Employed	S = Seasonal T=Attending Training/School	R=Retired/Disabled U=Unemployed
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Adult 2 <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Foster <input type="checkbox"/> Step-Parent <input type="checkbox"/> Other _____ First Name _____ Last Name _____ please specify if other _____	Primary Language <input type="checkbox"/> Eng. <input type="checkbox"/> Span. <input type="checkbox"/> Other _____	Secondary Language <input type="checkbox"/> Eng. <input type="checkbox"/> Span. <input type="checkbox"/> Other _____	Sex M F	Education _____	Employment _____	Does this individual live with the family? Yes No	Does this individual provide financial support for the family? Yes No
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List all children and any other family members living in the same household **who are supported by the income of the parent/guardian** of the child enrolling in the program. These family members must be related to the parents/guardians by blood, marriage or adoption.

NAME	AGE	How related?	NAME	AGE	How related?	NAME	AGE	How related?
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

PARENT/GUARDIAN PERMISSION

For my child's participation in the Muskegon/Oceana Family and Early Childhood Programs, I hereby give permission

YES **NO**

_____ _____ for my child to receive all required health and mental health, dental, developmental and educational screenings and assessments including Health Department test and measurements and follow-up services needed for participation.

_____ _____ for staff members to transport my child for group and individual excursions while understanding that all possible precautions will be taken to insure the health and safety of my child.

_____ _____ to use photographs of my child in school news stories, or for advertising purposes.

_____ _____ to exchange all information available on my child with public schools and community agencies as needed for program participation including Department of Human Services for income verification.

Parent/Guardian Signature

_____ Date _____

Second Year Participation

I have reviewed and updated (if necessary) this application for my child's **second year** participation in the program.

Parent/Guardian Initials: _____ **Date** _____

reviewed for 11-12