ENROLLMENT APPLICATION Applying for ☐ 18-19 Year OR ☐ 19-20 Year (check 1 only)

Child's Name (as printed on Birth Certificate)
First: _____
Last: _____

Birth Date / /

Gender M F

Racial Codes
☐ Am. Indian or Alaska Native ☐ Asian
☐ Black/African Amer. ☐ Multiracial
☐ Native Hawaiian or Pac. Islander ☐ White
☐ Other

Ethnic Codes
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Related to: check all that apply (See below)
☐ Adult 1
☐ Adult 2

Primary Language
☐ English Other____
☐ Spanish
Proficiency
☐ Proficient ☐ Little
☐ Moderate ☐ None

Secondary Language
☐ English Other____
☐ Spanish
Proficiency
☐ Proficient ☐ Little
☐ Moderate ☐ None

Special Needs
NO YES SUSPECTED
☐ IEP in Process ☐ Current IEP
IEP for :_____
Was child referred to program?
No Yes If yes, by whom and why?

Did this child attend Early Head Start? YES NO

Primary Health Coverage
☐ Private Ins. ☐ Medicaid ☐ Other_____

Doctor/Medical Home Clinic Name
Dr._____ _____

Dentist/Dental Home Clinic Name
Dr._____ _____

Adult 1
First Name _____ Last Name _____

Birth Date / /

Gender M F

☐ Am. Indian or Alaska Native ☐ Asian
☐ Black/African Amer. ☐ Multiracial
☐ Native Hawaiian or Pac. Islander ☐ White
☐ Other

☐ Hispanic or Latino
☐ Not Hispanic or Latino

Primary Language
☐ English Other____
☐ Spanish
Proficiency
☐ Proficient ☐ Little
☐ Moderate ☐ None

Secondary Language
☐ English Other____
☐ Spanish
Proficiency
☐ Proficient ☐ Little
☐ Moderate ☐ None

Education
☐ College Degree ☐ High School Graduate ☐ GED
☐ Some College highest grade completed _____

Employment
☐ Full Time ☐ Training/School ☐Seasonal
☐ Part Time ☐ Retired/Disabled ☐ Unemployed

Home Phone ( ) _____
Work Phone ( ) _____
Cell Phone ( ) _____

How Related
☐ Foster Child ☐ Grand Child ☐ Step-Child
☐ Natural Child ☐ Niece/Nephew Other: _____

Does this individual live with the family? **Yes No**

Does this individual provide financial support for the family? **Yes No**

Teen Parent: at birth of first child? **Yes No**

Adult 2
First Name _____ Last Name _____

Birth Date / /

Gender M F

☐ Am. Indian or Alaska Native ☐ Asian
☐ Black/African Amer. ☐ Multiracial
☐ Native Hawaiian or Pac. Islander ☐ White
☐ Other

☐ Hispanic or Latino
☐ Not Hispanic or Latino

Primary Language
☐ English Other____
☐ Spanish
Proficiency
☐ Proficient ☐ Little
☐ Moderate ☐ None

Secondary Language
☐ English Other____
☐ Spanish
Proficiency
☐ Proficient ☐ Little
☐ Moderate ☐ None

Education
☐ College Degree ☐ High School Graduate ☐ GED
☐ Some College highest grade completed _____

Employment
☐ Full Time ☐ Training/School ☐Seasonal
☐ Part Time ☐ Retired/Disabled ☐ Unemployed

Home Phone ( ) _____
Work Phone ( ) _____
Cell Phone ( ) _____

How Related
☐ Foster Child ☐ Grand Child ☐ Step-Child
☐ Natural Child ☐ Niece/Nephew Other: _____

Does this individual live with the family? **Yes No**

Does this individual provide financial support for the family? **Yes No**

Teen Parent: at birth of first child? **Yes No**

List all children and any other family members living in the same household **who are supported by the parents/guardians income** and related to the child's parents/guardians by blood, marriage or adoption or the child's authorized caregiver or legally responsible party.

NAME	GENDER	DOB	How related?	NAME	GENDER	DOB	How related?	NAME	GENDER	DOB	How related?
		/ /				/ /				/ /	
		/ /				/ /				/ /	

FAMILY INFORMATION

Living Address	City	State MI	Zip Code	County

Is your mailing address the same as your living address? Yes No

Active U.S. Military? Yes No

Does your family receive food stamps? Yes No

Does your family receive WIC? Yes No **Last WIC visit?** _____

PARENT/GUARDIAN PERMISSION

Parent/Guardian Signature

I attest that I have submitted complete and accurate eligibility information including my income and living situation.

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 18-19