



ENROLLMENT FORM

Child's Name: _____

First

MI

Last

Birth Date: _____ Girl Boy Foster Child? Yes No

One Parent Family Two Parent Family

Parent/Guardian _____ DOB _____

Relationship to child: _____

Home language other than English? Yes No

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ cell or other

- Does the child have a disability or special need (IFSP) or (IEP)? Yes (Provide Copy) No
- Is the family homeless? Yes No
- Is parent/guardian currently employed full time? Yes No
- In school full time? Yes (provide Schedule) No
- Does the family have CCAP Approval? Yes No
- Annual Family Gross Income Amount \$ _____
- How did you hear about the program? Referral ____ Fair ____ Flyer ____ Friend/Family* ____