BRAD Child Development Programs Application for Enrollment

CHILD INFORMATION: Fill out information about your child

Last:	First/Middle:	Preferred:
Birth Date:	Male ☐ Female ☐	Parental Status: One ☐ Two ☐
Living Address:		
City:	State:	Zip

CHILD DEMOGRAPHICS: Fill out information about your child

Race *(check all that apply):* ❒ American Indian/Alaskan Native	**Language**	Primary Language?	Proficiency
❒ Asian ❒ Black/African-American ❒ Hawaiian/Pacific Islande	English	Yes ❒ No ❒	None ❒ Poor ❒ Moderate ❒ Proficient ❒
❒ White ❒ Other: _____		Yes ❒ No ❒	None ❒ Poor ❒ Moderate ❒ Proficient ❒
Ethnicity:		Yes ❒ No ❒	None ❒ Poor ❒ Moderate ❒ Proficient ❒
Nationality:			

FAMILY INFORMATION: Fill out information about parents/guardians and family

PARENT/GUARDIAN	Name:	Primary Adult? Yes ❒ No ❒
Relationship to Child:	Birth Date:	
Living Address:		
City	State	Zip
E-mail Address:		

Phone Number	Primary Phone?	Phone Type (Work, Home, Cell)	Notes (when not to call, etc.)
	Yes ❒ No ❒		
	Yes ❒ No ❒		

Teen Parent (19 or younger): Yes ❒ No ❒	Custody: Yes ❒ No ❒	Lives with Child: Yes ❒ No ❒

Child's Relationship to Adult:	English Level:	Education Level:	Employment Status:
Natural/Adopted/Step-Child ☐ Grandchild ☐ Niece/Nephew ☐ Foster Child ☐ Other ☐	None ☐ Poor ☐ Moderate ☐ Proficient ☐	Some College ☐ Certificate ☐ High School Grad ☐ GED ☐ Master's Degree ☐ <Grade 9 ☐ Grade 10 ☐ Grade 11 ☐ Grade 12 ☐ Associate's BA ☐	Full Time (35+hours) ☐ Part Time ☐ Retired/Disabled ☐ Training or School ☐ Full Time & Training ☐ Part Time & Training ☐ Seasonally Employed ☐ Unemployed ☐

PARENT/GUARDIAN	Name:	Primary Adult? Yes ❒ No ❒
Relationship to Child:	Birth Date:	
Living Address:		
City	State	Zip
E-mail Address:		

Phone Number	Primary Phone?	Phone Type (Work, Home, Cell)	Notes (when not to call, etc.)
	Yes ❒ No ❒		
	Yes ❒ No ❒		

Teen Parent (19 or younger): Yes ❒ No ❒	Custody: Yes ❒ No ❒	Lives with Family: Yes ❒ No ❒

Child's Relationship to Adult:	English Level:	Education Level:	Employment Status:
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Application for Program Participation

ADDITIONAL MEMBERS who live with the family and are supported by parent/guardian's income:

Name:	Relationship to Child:	Date of Birth and Gender

Total # of people (including the child and adults listed on front, and all listed above) who live in child's household and are part of his/her family: _____

CHILD'S NEEDS **

Does your child have a disability (diagnosed by a doctor or specialist)? ___Yes ___No Does s/he have an IEP or IFSP? ___Yes ___No

If yes, please list the specific disability:

Do you have any concerns about your child in any of the areas listed below? *If yes, please check appropriate item(s).*

_____Hearing _____Vision ____ Overweight _____Underweight _____Allergies ____As_____Asthma _____Dental problems

____Anemia ____Seizures ____ High lead

_____Other medical problems - *Please describe:* _____ Other development concerns - *Please describe:* _____

_____Speech or language development _____Physical development ***please provide medical documentation of concerns if available***

_____Behavior or emotional problems (e.g. tantrums) - *Please describe:* _____

SERVICES: What services is your family receiving?

_____Family Crisis	____Child Protection	__Unemployment	____Utility/Energy Assistance
_____Foster Care/Adoption Subsidy	_____Public Housing	__ Child support	____ Mental health services
_____Section 8	____Private Health Insurance	__State Health Ins	____Subsidized housing
_____ Emergency	____ Child Care Vouchers	__Sibling enrolled	____Need full day
_____Other			

Do you receive: TEA____ SSI____ **SNAP**____ wic ___

Any family member is active military duty?_____ **Any family member is a veteran** ____

LEGAL ISSUES:

Is your family currently dealing with legal issues such as family court, divorce, probation, custody, restraining orders, etc.? ___ Yes ___ No

If yes, please clarify: _____

Other Information

Has your child previously been enrolled in Head Start or another preschool program? Yes ☐ No ☐

If yes, what program? _____

Has your child had a sibling previously enrolled in this Head Start program? Yes ☐ No ☐

If yes, is he or she currently enrolled? ___ Yes ___ No

How did you hear about our program?

____Word of mouth (friend, family)
____Saw/received a flyer
____Saw/passed the center
____Know someone who works here
____Referred by agency (WIC, child support services, child care subsidy, etc.) *Please specify:* _____
____Other *Please specify:*

PLEASE SIGN HERE to verify that you have <u>completed</u> this application and provided <u>true information</u>.

Signature of Parent/Guardian:

Print Name: Date: