



# Centro del Niño Enrollment Application 2019-2020

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month / day / year

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Sex:  M (male)  F (female) Ethnicity:  Hispanic  Non Hispanic Child's Primary Language: \_\_\_\_\_

Race:  Asian  Black/African-American  Hawaiian/Pacific Islander  White  Other

English Speaking Capability: (circle one) Very well Well Does not speak English

## Parent/Guardian Information

Child resides with:  Both Parents  Mother  Father  Other \_\_\_\_\_  
Please Specify

Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month / day / year

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(Only if different than the one above)

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cellular: \_\_\_\_\_

Education Level:  Some College  Certificate  No High School Diploma/GED  GED  High School Diploma  
 Master's Degree  BA  Associate's  <Grade 9  Grade 10  Grade 11  Grade 12

Employment Status:  Full Time (35+ hours)  Retired/Disabled  Training or School  Seasonally Employed  
 Part time  Currently Unemployed  Multiple periods of unemployment over past 5 years

Teen Parent (19 or younger) at Time of Child's Birth:  Yes  No Custody:  Yes  No

Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month / day / year

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
(Only if different than the one above)

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cellular: \_\_\_\_\_

Education Level:  Some College  Certificate  No High School Diploma/GED  GED  High School Diploma  
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Email Address: \_\_\_\_\_

## Family Unit

Size of Family Unit: \_\_\_\_\_

Ex.: 2 children + 1 parent = 3 \*Who live in the household, are supported by parent/guardian's income, & related to parent/guardian by blood, marriage, or adoption

Are there brothers/sisters who currently attend BGCS or UCC Acosta Middle School?  Yes  No If yes, list names:

Name:	Grade:	Teacher:

Are you applying for other children this academic school year?  Yes  No *If yes, please list:*

Name:	Grade:

Has your child been enrolled in any other daycare/school/Head Start?  Yes  No Where: \_\_\_\_\_

Has your child had a sibling previously enrolled in this Head Start program?  Yes  No Where: \_\_\_\_\_

Is your child toilet trained?  Yes  No If so, for how long? \_\_\_\_\_

**CHILD'S NEEDS**

Does your child have a disability (*diagnosed by a doctor or specialist*)?  Yes  No

*If yes, please list the specific disability:* \_\_\_\_\_

Does s/he have an IEP or IFSP?  Yes  No

Does your child receive any special education services?  Yes  No

*If yes, please check appropriate item(s)*

Do you have any concerns about your child in any of the areas listed below ?

Allergies  Asthma  Dental Problems  Under/overweight  Seizures  Anemia  High Lead

Hearing  Vision  Diabetes  Speech or language development  Physical Development

Other medical/dental/nutrition problems or concerns

Other development concerns

*Please describe:* \_\_\_\_\_

*Please describe:* \_\_\_\_\_

Behavior or emotional problems (e.g. tantrums)

My child has none of the above needs

*Please describe:* \_\_\_\_\_

***\*Please provide medical documentation of concerns if available\****

**FAMILY NEEDS**

Is your family living with drug/alcohol abuse, incarceration, child support issues, domestic violence, or a serious health/mental health issue(s)?  Yes  No

**SERVICES - What services is your family receiving?**

Family is receiving or has received services from the Department Children and Families?  Yes  No

Food Stamps (SNAP)  Housing Services (Public Housing, Section 8)  Private health Insurance  Foster Care/Adoption Subsidy

WIC  Health/Mental Health Services  Utilities/Energy Assistance  Child Support  State Health Insurance/Medicaid

Emergency/Crisis Intervention  Social Services from other agency: \_\_\_\_\_

Do you currently have a caseworker at another agency? \_\_\_\_\_  None of the Above

Do You Have: TANF:  Yes  No SSI:  Yes  No

Are you homeless for 2 or more relocations in the past year?  Yes  No

Child Care Subsidy/Voucher?  Yes  No  Don't know about it  Eligible for subsidy

**LEGAL ISSUES**

Is your family currently dealing with legal issues such as family court, divorce, probation, custody, restraining orders, incarceration, etc.?  Yes  No *If yes, please clarify:* \_\_\_\_\_

Have you ever been displaced from home due to hardship?  Yes  No Has your child ever been in Foster or Kinship Care?  Yes  No

***NOTE: Completion of this application does not signify that your child will be automatically enrolled in the Centro del Niño. You must submit all required documents along with this application, in order for your child to be considered for selection. We will ONLY contact you to attend an information meeting depending on available positions. All submitted documents may be destroyed if your child is not accepted into the program.***

***PLEASE SIGN HERE to verify that you have completed this application and provided true information.***

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Entry/Start Date: \_\_\_\_\_

PRE-PLACEMENT RECOMMENDATION:  Early Head Start  Head Start  K3  K4  K5