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**Inspire Kids Early Learning Center enrollment application**

Child Information

| FIrst name Middle Last |
| --- |
| Date of Birth (month/day/year):  |

| Contact informationPhone number: Email: Emergency contact What language do you speak at home? Is their second language spoken at home? If yes, which language.  |
| --- |

|  |
| --- |
| What is this child’s race?  |
| What is your family’s heritage/tribe/country of origin? |

| What is your home address? Will you be walking with your child to the program?  |
| --- |
| Is this child a **sibling** of a currently enrolled child at this site? If yes, what is the name of the enrolled child?  |

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Language: English

**Child Information – Health**

| Does this child have dental insurance? Yes No **If yes,** what type? Washington Apple Health/ProviderOne Private Insurance Tribal ABCD Military Dental Coverage |
| --- |
| Does this child have a regular dentist or dental clinic?  |
| Would you like dental and medical resources?  |

| What is your child's immunization status? If the child is not fully immunized to age, we need an immunization exempt form. |
| --- |

| Has a Health Care Provider diagnosed your child with a chronic health condition Yes – Please describe:  |
| --- |

**Child Information - Development**

| Do you have concerns about this child’s health? If yes, please describe  |
| --- |

| Does your child have any developmental delay? Yes – Please provide a copy with your application. No – Check if any of these apply: My child has a diagnosed developmental delay or disability, My child has a suspected developmental delay or disability. |
| --- |

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Language: English

**Parent/Guardian Information**

| This child lives with: One parent/guardian **(complete Parent/Guardian 1)** Two parents/guardians in the same household **(complete Parent/Guardian 1 & 2)** Two parents/guardians in two households **(complete Parent/Guardian 1 & 2)** |
| --- |

|  | **Parent/Guardian 1**  | **Parent/Guardian 2** |
| --- | --- | --- |
| Name |  |  |
| Relationship to child | Biological/Adopted/Stepparent Aunt/Uncle Foster Parent Grandparent Other: | Biological/Adopted/Stepparent Aunt/Uncle Foster Parent Grandparent Other: |
| Gender  |  |  |
| Date of Birth (month/day/year) |  |  |
| Address (include City, State, Zip) |  |  |
| Phone  | Home Cell Work  | Home Cell Work |
| Alternate Phone  | Home Cell Work  | Home Cell Work |
| Email |  |  |
| Were you under age 18 when this child was born? | Yes No N/A  | Yes No N/A |
| What language(s) do you speak? |  |  |
| Do you need an interpreter for this language? | Yes No  | Yes No |
| What is your race? Check all that apply | African/African American/Black Asian Alaska Native/Native American/American Indian Native Hawaiian or Pacific Islander White Not listed above: | African/African American/Black Asian Alaska Native/Native American/American Indian Native Hawaiian or Pacific Islander White Not listed above: |
| What is the **highest** level of education you completed? | 6th grade or less 7th to 12th grade, no diploma or GED High school diploma GED Some college/advanced training College/professional certificate Associate degree Bachelor’s degree Master’s or doctorate degree None | 6th grade or less 7th to 12th grade, no diploma or GED High school diploma GED Some college/advanced training College/professional certificate Associate degree Bachelor’s degree Master’s or doctorate degree None |

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|  | **Parent/Guardian 1**  | **Parent/Guardian 2** |
| --- | --- | --- |
| Are you currently employed? | Yes – How many hours per week (including travel)? Employer name & phone #: No No, retired or disabled Seasonal | Yes – How many hours per week (including travel)? Employer name & phone #: No No, retired or disabled Seasonal |
| Are you currently in job training or school? | Yes – How many hours per week (including class time, study time, travel)? School name & major/goal: No | Yes – How many hours per week (including class time, study time, travel)? School name & major/goal: No |
| Resources |  | If not, do you need resources for training or support?  |

**Family Living Situation (continued)**

| Does your household receive subsidized housing such as a housing voucher or cash assistance for housing? Yes No |
| --- |
| What is your family’s current housing situation? Do you have loss of housing, economic hardship, or similar situation.  |

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Language: English

**Family Income and Family Size**

| What is your family income? Do you receive Temporary Assistance for Needy Families (TANF) or any other government support  |
| --- |
| Who did you learn about Inspire Kids Early Center Were you referred to this program by an agency? Yes:  |

**—---------------------------------------- —--------------------------------------**

**Parent/guardian Name Date**

**—------------------------------------------ —---------------------------------------------**

 **Parent/Guardian Signature Date Date**

**—--------------------------------------- —-------------------------------------**

**Inspire Kids Staff Name Teacher’s signature**