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**Inspire Kids Early Learning Center enrollment application**

Child Information

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

| Contact information  Phone 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? |

Page 1 of 6

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. |
| --- |

Page 2 of 6

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 |

Page 3 of 6

|  | **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. |

Page 4 of 6

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: |

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**Parent/guardian Name Date**

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**Parent/Guardian Signature Date Date**

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

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