

Family Enrollment Information

1. Family Information

Total Family Size	# of Adults	# of children	
Street Address		City	State Zip code
Home Phone	Cell Phone	Email	

2. Child Information

Child Name	Age	Birthday	Potty Trained?	Yes	No
Race	American Indian/Alaskan Native	Asian	Black or African American		
	Native Hawaiian or other Pacific Islander	White/Caucasian	Hispanic?	Yes	No
Child's Primary Language					

3. Adult Information (please complete for the adult(s) who lives in the home and are responsible for the child)

a. Name

Mother	Step-mother	Domestic Partner	Guardian	Foster parent
Other				
Is he/she a student?	Yes	No	Name of School	Student ID#
Is he/she a employed?	Yes	No	Name of Employer	
Single Parent?	Yes	No	If yes, please provide supporting documentation (i.e. divorce records, child custody records, rental receipt, utility bill, etc.)	

b. Name

Father	Step-father	Domestic Partner	Guardian	Foster parent
Other				
Is he/she a student?	Yes	No	Name of School	Student ID#
Is he/she a employed?	Yes	No	Name of Employer	
Single Parent?	Yes	No	If yes, please provide supporting documentation (i.e. divorce records, child custody records, rental receipt, utility bill, etc.)	

4. Siblings (List other children living in the home under the age of 18 years)

Name	Gender	male	female	Birth date
Name	Gender	male	female	Birth date
Name	Gender	male	female	Birth date
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