

Waitlist Initial Intake Form

Check childcare program: Learning Center School Age

Do you: Have Voucher Need EEC Slot

Gross Monthly Household Income: \$ _____ Family Size _____

Parent/Guardian (1) Information

Last Name _____ First Name _____ MI _____

Address _____ City _____

DOB ____/____/____ SS# _____ Zip Code _____

Home Phone _____ Cell _____ Work _____

Gender: F M T Preferred Language _____

Working _____ hours a week College/Training _____ credits Disability/Special Need

Ethnicity: Hispanic Black White Asian Other _____

- Single Parent
- Married
- Teen Parent
- Foster Parent

- Military Parent
- Guardian
- Grandparent over 65
- Grandparent under 65

Parent/Guardian (2) Information

Last Name _____ First Name _____ MI _____

Address _____ City _____

DOB ____/____/____ SS# _____ Zip Code _____

Home Phone _____ Cell _____ Work _____

Gender: F M T Marital Status: Single or Married Preferred Language _____

Working _____ hours a week College/Training _____ credits Disability/Special Need

Ethnicity: Hispanic Black White Asian Other _____

Family Income Sources:

Employment Self Employment TANF/TAFDC Food Stamps FED Benefits

Child Support SSI Housing Other _____

Child (1) Information

Child (1) needs care: Yes No

Last Name _____ First Name _____ MI _____

DOB ___/___/___ SS# ___-___-___ Family Type: Biological /Foster /Guardian

Grade: _____ School: _____ Preferred Language: _____

Child (1) has a special need: Yes No _____

Gender: F M T Ethnicity: Hispanic Black White Asian Other _____

Child (2) Information

Child (2) needs care: yes no

Last Name _____ First Name _____ MI _____

DOB ___/___/___ SS# ___-___-___ Family Type: Biological /Foster /Guardian

Grade: _____ School: _____ Preferred Language: _____

Child (2) has a special need: Yes No _____

Gender: F M T Ethnicity: Hispanic Black White Asian Other _____

Child (3) Information

Child (3) needs care: yes no

Last Name _____ First Name _____ MI _____

DOB ___/___/___ SS# ___-___-___ Family Type: Biological /Foster /Guardian

Grade: _____ School: _____ Preferred Language: _____

Child (3) has a special need: Yes No _____

Gender: F M T Ethnicity: Hispanic Black White Asian Other _____

Child (4) Information

Child (4) needs care: yes no

Last Name _____ First Name _____ MI _____

DOB ___/___/___ SS# ___-___-___ Family Type: Biological /Foster /Guardian

Grade: _____ School: _____ Preferred Language: _____

Child (4) has a special need: Yes No _____

Gender: F M T Ethnicity: Hispanic Black White Asian Other _____