**ENROLLMENT APPLICATION**

1st Parent/Guardian Information

 GENDER: ⬜Male ⬜Female

 DATE OF BIRTH: / / .

|  |  |
| --- | --- |
| 1st PARENT’S FULL NAME |  |
| ADDRESS |  |
| CONTACT PHONE |  |
| EMAIL ADDRESS |  |

|  |  |  |
| --- | --- | --- |
| Is the family receiving: | DHS Cash Subsidy⬜Yes ⬜No  |  DHS Food Subsidy⬜Yes ⬜No |
| Is the child receiving: | WIC ⬜Yes ⬜No |
| Number of people living in your home |  | Number in family claimed on income taxes |  |

|  |  |
| --- | --- |
| ETHNICITY | ⬜Latino-Puerto Rican ⬜Latino-Cuban ⬜Latino-Mexican ⬜Latino-South/Central America ⬜Latino-Other ⬜N/A |
| RACE | ⬜Asian ⬜Bi-Racial ⬜Black ⬜Caucasian ⬜Middle-Eastern ⬜Native American ⬜Unspecified |
| PRIMARY LANGUAGE |  | SECONDARY LANGUAGE |  |

|  |  |
| --- | --- |
| EDUCATION LEVEL | ⬜Grade 9 or less ⬜Grade 10 ⬜Grade 11 ⬜Grade 12 ⬜GED ⬜High School Diploma ⬜Some College/Associate’s Degree ⬜Bachelor or Advanced Degree |
| SCHOOL STATUS | ⬜In school part-time ⬜In school full-time ⬜Not attending school |
| School/College Name: |
| EMPLOYMENT STATUS | ⬜Full-Time ⬜Part-Time ⬜Retired or Disabled ⬜Self-Employed ⬜Unemployed |
| Employer’s Name: |

|  |  |
| --- | --- |
| Do You (1st Parent/Guardian) Have Medical Insurance? | ⬜Medicaid ⬜Military ⬜Private ⬜None |
| Do You (1st Parent/Guardian) Have Dental Insurance? | ⬜Medicaid ⬜Military ⬜Private ⬜None |
| Do You (1st Parent/Guardian) Have Disability? | ⬜Yes ⬜No If Yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| FAMILY TYPE | ⬜Single Parent/Female ⬜Single Parent/Male ⬜Two Parent Household |
| MARITAL STATUS | ⬜Married ⬜Living Together but Unmarried ⬜Separated ⬜Divorced ⬜N/A |
| HOUSING STATUS | ⬜Homeless ⬜Rent ⬜Own ⬜Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ⬜Apartment ⬜House ⬜Duplex ⬜Mobile Home ⬜Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Has he family moved in the last 24 months? ⬜Yes ⬜No  |

2nd Parent/Guardian Information

 GENDER: ⬜Male ⬜Female

 DATE OF BIRTH: / / .

|  |  |
| --- | --- |
| 1st PARENT’S FULL NAME |  |
| ADDRESS |  |
| CONTACT PHONE |  |
| EMAIL ADDRESS |  |

|  |  |
| --- | --- |
| ETHNICITY | ⬜Latino-Puerto Rican ⬜Latino-Cuban ⬜Latino-Mexican ⬜Latino-South/Central America ⬜Latino-Other ⬜N/A  |
| RACE | ⬜Asian ⬜Bi-Racial ⬜Black ⬜Caucasian ⬜Middle-Eastern ⬜Native American ⬜Unspecified |
| PRIMARY LANGUAGE |  | SECONDARY LANGUAGE |  |

|  |  |
| --- | --- |
| EDUCATION LEVEL | ⬜Grade 9 or less ⬜Grade 10 ⬜Grade 11 ⬜Grade 12 ⬜GED ⬜High School Diploma ⬜Some College/Associate’s Degree ⬜Bachelor or Advanced Degree |
| SCHOOL STATUS | ⬜In school part-time ⬜In school full-time ⬜Not attending school |
| School/College Name: |
| EMPLOYMENT STATUS | ⬜Full-Time ⬜Part-Time ⬜Retired or Disabled ⬜Self-Employed ⬜Unemployed |
| Employer’s Name: |

|  |  |
| --- | --- |
| Do You (1st Parent/Guardian) Have Medical Insurance? | ⬜Medicaid ⬜Military ⬜Private ⬜None |
| Do You (1st Parent/Guardian) Have Dental Insurance? | ⬜Medicaid ⬜Military ⬜Private ⬜None |
| Do You (1st Parent/Guardian) Have Disability? | ⬜Yes ⬜No If Yes, please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| FAMILY TYPE | ⬜Single Parent/Female ⬜Single Parent/Male ⬜Two Parent Household |
| MARITAL STATUS | ⬜Married ⬜Living Together but Unmarried ⬜Separated ⬜Divorced ⬜N/A |
| HOUSING STATUS | ⬜Homeless ⬜Rent ⬜Own ⬜Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ⬜Apartment ⬜House ⬜Duplex ⬜Mobile Home ⬜Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Has he family moved in the last 24 months? ⬜Yes ⬜No  |

Child’s Information

GENDER: ⬜Male ⬜Female

 DATE OF BIRTH: / / .

|  |  |
| --- | --- |
| CHILD’S FULL NAME |  |

|  |  |
| --- | --- |
| ETHNICITY | ⬜Latino-Puerto Rican ⬜Latino-Cuban ⬜Latino-Mexican ⬜Latino-South/Central America ⬜Latino-Other ⬜N/A  |
| RACE | ⬜Asian ⬜Bi-Racial ⬜Black ⬜Caucasian ⬜Middle-Eastern ⬜Native American ⬜Unspecified |
| PRIMARY LANGUAGE |  | SECONDARY LANGUAGE |  |
| DISABILITY | ⬜Yes ⬜No  | EARLY ON SERVICES | ⬜Yes ⬜No  |

**CHILD(REN)’S SCHEDULE**

Please list the days and hours your child will use the Center.

Any days you sign up for will be the days you are responsible to pay for.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DAY | AM | PM | HRS PER DAY | TUITION CHARGE |
| FROM | TO | FROM | TO |  |  |
| MONDAY |  |  |  |  |  |  |
| TUESDAY |  |  |  |  |  |  |
| WEDNESDAY |  |  |  |  |  |  |
| THURSDAY |  |  |  |  |  |  |
| FRIDAY |  |  |  |  |  |  |
| WEEKLY TUITION |  |

**CHILD HISTORY**

Please inform us of any pertinent information as it relates to your child:

|  |  |
| --- | --- |
| ALLERGY/DIETARY NEEDS |  |
| MEDICATION(S) |  |

Other Household Member’s Information

|  |
| --- |
| OTHER ADULTS/CHILDREN LIVING IN YOUR HOME (DO NOT include yourself or others that are listed above)⬜N/A – There are no others living in my home |
| First Name | Last Name | Relationship to enrolled child? | Birthdate | GenderMale/Female | Race | Language | Is this person claimed on your taxes? |
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**EMERGENCY CONTACT INFORMATION**

|  |  |  |
| --- | --- | --- |
| NAME | PHONE | RELATIONSHIP |
|  |  |  |
|  |  |  |
|  |  |  |

**DHS DATA**

|  |  |  |
| --- | --- | --- |
| DHS DISTRICT | CASE WORKER NAME | PHONE |
|  |  |  |
| CHILD’S ID NUMBER | DHS CASE NUMBER |
|  |  |

WHO **MAY** PICK UP YOUR CHILD WHEN YOU ARE UNABLE TO PICK HIM/HER UP?

|  |  |  |
| --- | --- | --- |
| NAME | PHONE | RELATIONSHIP |
|  |  |  |
|  |  |  |
|  |  |  |

WHO **MAY NOT** PICK UP YOUR CHILD WHEN YOU ARE UNABLE TO PICK HIM/HER UP?

|  |  |  |
| --- | --- | --- |
| NAME | PHONE | RELATIONSHIP |
|  |  |  |
|  |  |  |
|  |  |  |

**PARENT UNDERSTANDING**

I understand that my child must

1. **Physicial Exams** in accordance with State of Michigan – EPSDT Schedule, including hemoglobin/hematocrit, sickle cell and lead (lead between1-2 years of age). I will submit the appropriate form(s) to Nest Child Care and Parent Institute within the require time frame.
2. **Annual Dental Screening/Exams** within 90 days of his/her start.
3. **Up-to-Date Immunizations** is required to enter and remain in Nest Child Care and Parent Institute. I will submit proof of immunizations at the time of enrollment. If my child receives immunizations during his/her enrollment, I will provide proof of these immunizations.
4. **Attendance.** My child is expected to attend Nest Child Care and Parent Institute on a regular basis. I will notify the Center when my child will be absent or late. If my child is absent and the center has not been notified, I understand that the Center will call me to follow up on the absence.
5. **Volunteer.** I understand that I am expected (but not required) to volunteer at the Center. I can do volunteer activities in my home or in the Center. My participation is not a condition of my child’s enrollment; however, my participation will enrich my child’s experience.
6. **Parent/Teacher Meetings.** I understand that I will meet with my child’s teacher in my home at least twice a year and I will have two parent/teacher conferences annually. My child’s progress will be discussed during these home visits and conferences.

**PARENT PERMISSION**

1. I understand that non-invasive screenings (vision, hearing, developmental, height/weight, and social emotional) are offered at the Nest Child Care and Parent Institute. I give permission for my child to receive missing/repeated health screenings during the time he/she is enrolled. ⬜Yes ⬜No
2. I give permission for my child’s photograph to appear in the Nest Child Care and Parent Institute’s Program displays, publications, websites, or other media including videotaping, publicizing Nest program activities. ⬜Yes ⬜No
3. I give permission for my child’s photograph to be displayed in the Nest Child Care and Parent Institute Center Only. ⬜Yes ⬜No

Note: Parents will be asked to sign a separate release form for any photographs to be used outside of Nest, such as in a local newspaper.

I certify that this application is complete and true to the best of my knowledge.

|  |
| --- |
| PARENT, LEGAL GUARDIAN OR RESPONSIBLE ADULT |
|  |  |

Signature Date

|  |
| --- |
| \*\*FOR OFFICE USE ONLY\*\* |
| ⬜ENROLLMENT APPLICATIONDATE ENROLLED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | ⬜BIRTH CERTIFICATE/PROOF OF BIRTH |
| ⬜DOCUMENTATION FOR DHS SUBSIDY | ⬜IMMUNIZATIONS CURRENT OR UP TO DATE OR WAIVER |
| ⬜INCOME VERIFICATION: ⬜Check Stub ⬜Tax Return ⬜W-2 ⬜Letter ⬜Other ⬜N/A Zero Income |  |
| STAFF VERIFICATION |
| Verified by Staff Signature: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Supervisor Signature: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |