

Option Preference: ☐ Child Care (full-day) ☐ Preschool (part- or school-day)

(For more information, visit kvcap.org)

## **ENROLLMENT APPLICATION**

<b>Primary Parent/Guardian</b>										
First Name	Last Name		Date of Birth			Gender: □ Unspecified □ Male □ Female				
Street Address (Address, City, State, Zip Code)			Hom (			Home (	ne Phone )			
Mailing Address (if different from above)				Cel (			none )			
Housing Status 🗆 Own 🗆 Rent 🗆 Live w	□ Other			Text alerts: □ Yes □ No						
Email Address						Email alerts  Yes  No				
Working  Part-time  Full-time Employer:	Attending School						$\begin{array}{c} n \\ \square \text{ No} \end{array} \begin{array}{c} \text{Active Military Duty} \\ \square \text{ Yes} \end{array} \begin{array}{c} \square \text{ No} \end{array}$			
Ethnicity 🗆 Hispanic/Latino 🗆 Non-Hispanic/Latino Primary Language:										
Race American Indian or Alaskan Native Asian Black/African American Native Hawaiian or other Pacific Islander White Other:	Highest Education Level Associate's Degree Bachelor's Degree College/Training Certificate GED Grade 11 or less High School Diploma Master's Degree			Relationship to Child Biological Parent Adoptive Parent Step Parent Foster Parent Other Relative Other:			Marital Status          Single         Married         Divorced         Separated         Partnered			
Secondary Caretaker Living in the Home										
First Name	Last Name			Date of Birth			Gender: □ Unspecified □ Male □ Female			
Cell Phone ( ) Text aler						erts 🗆 Yes 🗆 No				
Email Address						Email alerts  Yes  No				
Working  Part-time  Full-time Employer:	Attending School			$\Box$ Yes			Active Military Duty □ Yes □ No			
Ethnicity 🗆 Hispanic/Latino 🗆 Non-Hispar		Primary Langua	age:							
Race American Indian or Alaskan Native Asian Black/African American Native Hawaiian or other Pacific Islander White Other:	Highest Education Level Associate's Degree Bachelor's Degree College/Training Certificate GED Grade 11 or less High School Diploma Master's Degree			Relationship to Child Biological Parent Adoptive Parent Step Parent Foster Parent Other Relative: Other:			Relationship to Primary Caretaker Spouse Partner Boyfriend/Girlfriend Parent Other:			
<b>Other Household Members</b>	5									
First Name	Last Name		Date of Rela Birth		ationship to Child					
□ No Other Household Members At This Time										

<b>Primary Parent/Guar</b>	rdian	Name:								
<b>Enrolling Child Infor</b>	matio	n								
First Name	Last	Last Name			Date of Birth			Gender: □ Unspecified □ Male □ Female		
Child's Place of Birth MaineCare ID or Other Health Insurance Name and ID										
		ck here if insura								
Ethnicity 🗆 Hispanic/Latino 🗆 I	Non-Hisp	anic/Latino	Child's I	Primary L	anguage	(	Child's	Secondary Language		
Race American Indian or Alaska										
Does your child have a diagnosed sp	ecial nee	d (IFSP/IEP, the	rapies, etc	.)? □ Ye	s 🗆 No l	lf yes, pl	lease id	entify:		
Does your child have any health, nutritional or developmental concerns, including allergies and asthma?										
<b>Parent/Guardian Not</b>	t Liviı	ng in the H	Iome							
First Name	Last	Last Name			Date of Birt	h		Gender: □ Unspecified □ Male □ Female		
Street Address (Address, City, State, Zip Code)							Home Phone			
Mailing Address (if different from above)							Cell Phone			
Housing Status Own Rent Live with friends/family Homeless Other							Text alerts: $\Box$ Yes $\Box$ No			
Email Address							Email alerts $\Box$ Yes $\Box$ No			
Working  Part-time  Full-time Employer:		Attending Sch School:				Vetera □ Yes	n s □ N	Active Military Duty Io  Yes  No		
Ethnicity 🗆 Hispanic/Latino 🗆 N	on-Hispa			ry Langua	-	in to Chi	14	Marital Status		
Race       Highest Education Level         American Indian or Alaskan Native       Associate's Degree         Asian       Bachelor's Degree         Black/African American       College/Training Cert         White       GED         Other:       High School Diploma         Master's Degree       High School Diploma			☐ Biological Parent ☐ Adoptive Parent ☐ Step Parent ☐ Foster Parent ☐ Other Relative:			nt	<ul> <li>□ Single</li> <li>□ Married</li> <li>□ Divorced</li> <li>□ Separated</li> <li>□ Partnered</li> </ul>			
Please provide the following Assistance is available if needed.	with ap	oplication.			stand and ag plication:	gree to tl	he follo	owing statements about		
<ul> <li>Copy of Official Birth Certificate (Certificate of Vital Record) or MaineCare card or other Health Insurance card</li> <li>Copy of the current Immunization record (KVCAP Child &amp; Family Services has an agreement in place for access to the State of Maine Immunization System (ImmPact) to view patient immunization reports. Immunization records may be accessed or obtained for children who apply to enroll in our program or one of our collaborative programs, unless otherwise indicated by a signed refusal to access any medical records.)</li> <li>Proof of Household Income (paystubs, TANF, SSI, Unemployment, Child Support, etc.)</li> <li>I give permission for KVCAP C&amp;FS to conduct the following health and developmental screenings for my child:</li> <li>Height/Weight Blood Pressure Vision/Hearing Developmental The results of screenings will be discussed with parents/guardians along with any recommendations for follow-up that may be indicated from the screenings.</li> </ul>			<ul> <li>The information is correct to the best of my knowledge</li> <li>Information will be stored in a secured electronic record system by KVCAP</li> <li>KVCAP will assure privacy and confidentiality per agency policies and relevant laws.</li> <li>KVCAP may access my information to:         <ul> <li>Determine program eligibility</li> <li>Support service delivery</li> <li>Show compliance with funder requirements</li> </ul> </li> <li>Personal information will be de-identified (no names) unless required for the specific program(s) I choose to participate in</li> <li>Additional information may be required to determine eligibility for specific KVCAP programs</li> </ul>							
Parent/Guardian Signature		/ / Date			unun - 51	g-avai e		Dutt		