

North Central State College/Ohio State University-Mansfield Child Development Center

Application for Enrollment

SECTION 1: FAMILY INFORMATION

Child's First Name		Middle Name	Child's Last Name		Date of Birth _ / _ / _
Child's Race: (Select all that apply) <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> White <input type="radio"/> Asian <input type="radio"/> Multi-Racial/Bi-racial <input type="radio"/> Black/African American <input type="radio"/> Other: <input type="radio"/> Native Hawaiian/Pacific Islander			Gender: <input type="radio"/> Male <input type="radio"/> Female		
			Child's Home/First Language <input type="radio"/> English <input type="radio"/> Other:		
			Child's Secondary Language <input type="radio"/> English <input type="radio"/> Other:		
Do you consider your child's ethnicity to be Latino or Hispanic? <input type="radio"/> Yes <input type="radio"/> No			Has your child been identified with a disability? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Suspected		
Child's Home Address		Zip Code	City		State
Mailing Address (if different)		Zip Code	City		State
County:		Length of Time at Current Address:			
Parent/Guardian 1: First Name		Last Name		Date of Birth _ / _ / _	
Relationship to Child: <input type="radio"/> Mother <input type="radio"/> Legal Guardian <input type="radio"/> Father <input type="radio"/> Other:		Lives with Child? <input type="radio"/> Yes <input type="radio"/> No			
		Phone Number:			
		Email:			
Preferred Contact Method: <input type="radio"/> Email <input type="radio"/> Call <input type="radio"/> Text			Primary Language:		
Parent/Guardian 1's Race: (Select all that apply) <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> White <input type="radio"/> Asian <input type="radio"/> Multi-Racial/Bi-racial <input type="radio"/> Black/African American <input type="radio"/> Other: <input type="radio"/> Native Hawaiian/Pacific Islander			Employment Status: <input type="radio"/> Military/Veteran <input type="radio"/> Full Time <input type="radio"/> Unemployed <input type="radio"/> Part Time <input type="radio"/> At Home Parent <input type="radio"/> Seasonal <input type="radio"/> Retired/Disabled <input type="radio"/> Self-Employed <input type="radio"/> Student		
Employer:			Student Status: <input type="radio"/> HS		
Education: <input type="radio"/> HS Non-Graduate <input type="radio"/> HS Diploma <input type="radio"/> Certificate <input type="radio"/> GED <input type="radio"/> 2 Year Degree <input type="radio"/> 4 Year Degree <input type="radio"/> Master's <input type="radio"/> Doctorate			<input type="radio"/> NC State <input type="radio"/> OSU-M <input type="radio"/> Other:		
Parent/Guardian 2: First Name		Last Name		Date of Birth _ / _ / _	
Relationship to Child: <input type="radio"/> Mother <input type="radio"/> Legal Guardian <input type="radio"/> Father <input type="radio"/> Other:		Lives with Child? <input type="radio"/> Yes <input type="radio"/> No			
		Phone Number:			
		Email:			
Preferred Contact Method: <input type="radio"/> Email <input type="radio"/> Call <input type="radio"/> Text			Primary Language:		
Parent/Guardian 2's Race: (Select all that apply) <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> White <input type="radio"/> Asian <input type="radio"/> Multi-Racial/Bi-racial <input type="radio"/> Black/African American <input type="radio"/> Other: <input type="radio"/> Native Hawaiian/Pacific Islander			Employment Status: <input type="radio"/> Military/Veteran <input type="radio"/> Full Time <input type="radio"/> Unemployed <input type="radio"/> Part Time <input type="radio"/> At Home Parent <input type="radio"/> Seasonal <input type="radio"/> Retired/Disabled <input type="radio"/> Self-Employed <input type="radio"/> Student		
Employer:			Student Status: <input type="radio"/> HS		
Education: <input type="radio"/> HS Non-Graduate <input type="radio"/> HS Diploma <input type="radio"/> Certificate <input type="radio"/> GED <input type="radio"/> 2 Year Degree <input type="radio"/> 4 Year Degree <input type="radio"/> Master's <input type="radio"/> Doctorate			<input type="radio"/> NC State <input type="radio"/> OSU-M <input type="radio"/> Other:		

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Date Received:

Time:

Initials:

EHS Score:

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SECTION 2: HOUSEHOLD/INCOME

Family Status: <input type="radio"/> Two Parent Family <input type="radio"/> Single Parent <input type="radio"/> Single Parent Living With Partner <input type="radio"/> Legal Guardian <input type="radio"/> Foster Family <input type="radio"/> Grandparents <input type="radio"/> Other:	Sources of Income Assistance (mark all that apply): <input type="radio"/> Child Care Subsidy <input type="radio"/> Child Support Received <input type="radio"/> SSI <input type="radio"/> Medicaid/Medicare <input type="radio"/> Financial Aid <input type="radio"/> WIC <input type="radio"/> Housing/HUD <input type="radio"/> TANF/OWF <input type="radio"/> Food Assistance <input type="radio"/> Other:
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List **ALL** people living in home: Total Number of Family Members:

First Name	Last Name	Relationship to Child	DOB	Gross Income Type	Income Amt*	Source
				<input type="radio"/> Monthly <input type="radio"/> Annual		
				<input type="radio"/> Monthly <input type="radio"/> Annual		
				<input type="radio"/> Monthly <input type="radio"/> Annual		
				<input type="radio"/> Monthly <input type="radio"/> Annual		
				<input type="radio"/> Monthly <input type="radio"/> Annual		
				<input type="radio"/> Monthly <input type="radio"/> Annual		

*For Children, enter 0.00 under Income Amt

Immediate Family Situation (check all that apply or applied in the last year)

<input type="radio"/> Child Abuse/Neglect	<input type="radio"/> Single Parent	<input type="radio"/> Agency/Nurse Referral	<input type="radio"/> Terminal Illness in Family
<input type="radio"/> Teen Parent	<input type="radio"/> Absent Parent	<input type="radio"/> Recent Income Decrease	<input type="radio"/> Chronic Illness in Family
<input type="radio"/> Incarcerated Parent	<input type="radio"/> Domestic Violence	<input type="radio"/> Recent Death in Family	<input type="radio"/> Parent Education < HS Diploma/GED
<input type="radio"/> Recent Divorce	<input type="radio"/> Kinship	<input type="radio"/> Currently Enrolled in EHS	<input type="radio"/> Mental Illness in Household
<input type="radio"/> No Health Insurance	<input type="radio"/> Pregnant Teen	<input type="radio"/> Disability	<input type="radio"/> Child has Health Condition
<input type="radio"/> Custody Issues	<input type="radio"/> Language Barrier	<input type="radio"/> Drug/Alcohol Addiction	<input type="radio"/> Deported Parent/Risk of Deportation
<input type="radio"/> Military	<input type="radio"/> Unemployment	<input type="radio"/> Foster Care Placement	<input type="radio"/> Open Health/Welfare Case
<input type="radio"/> Homelessness	<input type="radio"/> Other:		

Type of Housing

<input type="radio"/> House	<input type="radio"/> Mobile Home/Trailer	<input type="radio"/> Apartment	<input type="radio"/> Hotel/Motel Room
<input type="radio"/> Migrant Housing	<input type="radio"/> Community Shelter	<input type="radio"/> Homeless/No Housing	<input type="radio"/> Other:

Does family have means of transport? Yes No

Primary Means of Transport <input type="radio"/> Private Vehicle <input type="radio"/> Friend/Relative Vehicle <input type="radio"/> Parent Transport <input type="radio"/> Public Transportation <input type="radio"/> Taxi <input type="radio"/> Walking <input type="radio"/> City Bus <input type="radio"/> Other:	Secondary Means of Transport <input type="radio"/> Private Vehicle <input type="radio"/> Friend/Relative Vehicle <input type="radio"/> Parent Transport <input type="radio"/> Public Transportation <input type="radio"/> Taxi <input type="radio"/> Walking <input type="radio"/> City Bus <input type="radio"/> Other:
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Eligibility Determination Statement: I hereby do certify that the family is eligible to participate in the NC State College/OSU-Mansfield Child Development Center Early Head Start Program. Furthermore, I attest that I have examined the documents checked below and certify that the family is eligible in accordance with Early Head Start Regulations.

Income Review Time Period:

Documents Reviewed:

<input type="radio"/> 1040 Form	<input type="radio"/> W-2 Statement	<input type="radio"/> Pay Stubs	<input type="radio"/> Public Assistance
<input type="radio"/> Employer Statement	<input type="radio"/> Social Security	<input type="radio"/> Grants/Scholarships	<input type="radio"/> Foster Care
<input type="radio"/> Unemployment Comp.	<input type="radio"/> Child Support/Alimony	<input type="radio"/> Documentation - No Income	<input type="radio"/> SSI

Staff's Eligibility Verification Signature

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SECTION 3: PROGRAM OPTIONS

Please Check One:

<input type="radio"/> Center-Based Care 7:00am-5:30pm Monday-Friday Minimum of 10 hours 2 days weekly Full-time and part-time scheduling available EHS Center-Based open to children ages 0-3 from 9:00 am - 3:00 pm	I need: <input type="radio"/> Part Time Care (10-24.9 Hours/Wk.) <input type="radio"/> Full Time Care (25-53.75 Hours/Wk.) Days: <input type="radio"/> Mon <input type="radio"/> Tues <input type="radio"/> Wed <input type="radio"/> Thurs <input type="radio"/> Fri
<input type="radio"/> Early Head Start Home-Based Care Early Head Start services in your home weekly Serves expectant mothers, infants, and toddlers Assists in identifying resources and family/child development Two monthly group socializations	

I agree that the information provided is true and accurate. The CDC will not share this information with others and will use it to determine initial eligibility for enrollment into the Child Development Center/Early Head Start.

This application will be kept on file for ONE YEAR from the date submitted.

Parent/Guardian Signature	Date
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OFFICE USE: Do not write below this line.

Record of Contact Made with Family

Date:	Staff Member:
Notes	
Date:	Staff Member:
Notes	
Date:	Staff Member:
Notes	
Date:	Staff Member:
Notes	
Date:	Staff Member:
Notes	

Staff Notes on Application