

**Student Name**

<b>Legal Name</b> Last	First	Middle	<b>Date of Birth</b>
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**Contact Information** - Your answers to the following questions will help us reach you quickly and discreetly with important information.

<b>Parent 1 – Last Name</b>		First	Middle
<b>Home Phone</b> <input type="checkbox"/> Okay to leave message (       )	<b>Cell Phone</b> <input type="checkbox"/> Okay to leave message (       )	<b>Work Phone</b> <input type="checkbox"/> Okay to leave message (       )	<b>Best Number to Use</b> <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
<b>Local Address</b> Street			
City		State	ZIP Code      Local Municipality
<b>E-Mail Address</b> <input type="checkbox"/> Okay to contact via e-mail			
May CHI St. Joseph Children’s Health send mail to you at your local address?* <input type="checkbox"/> Yes <input type="checkbox"/> No *This question refers only to mail other than mail for Pre-K for All.			
<b>Parent 2 – Last Name</b>		First	Middle
<b>Home Phone</b> <input type="checkbox"/> Okay to leave message (       )	<b>Cell Phone</b> <input type="checkbox"/> Okay to leave message (       )	<b>Work Phone</b> <input type="checkbox"/> Okay to leave message (       )	<b>Best Number to Use</b> <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
<b>Local Address</b> Street			
City		State	ZIP Code      Local Municipality
<b>E-Mail Address</b> <input type="checkbox"/> Okay to contact via e-mail			
May CHI St. Joseph Children’s Health send mail to you at your local address?* <input type="checkbox"/> Yes <input type="checkbox"/> No *This question refers only to mail other than mail for Pre-K for All.			

**Current Child Care Enrollment**

Child is <input type="checkbox"/> Currently enrolled and I wish to continue at that Center if possible <input type="checkbox"/> Current enrolled but I would like to find a different option <input type="checkbox"/> No enrolled in child care / Pre-K program	Name and Phone Number of the Program in which your child is currently enrolled:
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I certify that the above information is true and correct to the best of my knowledge. I understand that completing an application to Pre-K for All Program does not guarantee my child’s enrollment in the program. All Scholarship funds from the Pre-K for All Program are allocated on a first-come-first-serve basis and paid directly to the identified childcare center. Funds will be allocated until the available pool for financial assistance is exhausted. Monthly payments to childcare facilities are dependent upon the student and family fulfilling program requirements each month.

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Optional Demographic Information** - This information is for program evaluation purposes only and will not influence your program application.

<b>1. Annual household Income</b> <input type="checkbox"/> <\$12,760 <input type="checkbox"/> \$12,761 – \$19,999 <input type="checkbox"/> \$20,000 – \$34,999 <input type="checkbox"/> \$35,000 – \$49,999 <input type="checkbox"/> \$50,000 – \$74,999 <input type="checkbox"/> \$75,000+	<b>2. Child’s Previous Childcare Experience</b> <input type="checkbox"/> No Prior Childcare Outside the home <input type="checkbox"/> Care provided by Family <input type="checkbox"/> Part-time (3 days/week or less) <input type="checkbox"/> Full-time (4days/week or more) <input type="checkbox"/> Private / Home Childcare <input type="checkbox"/> Center-based Childcare <input type="checkbox"/> Other _____	<b>3. Child’s Racial/Ethnic Group(s)</b> <input type="checkbox"/> American/Alaskan Native <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Black, incl. African-American <input type="checkbox"/> Hispanic/Latino(a) <input type="checkbox"/> More than one <input type="checkbox"/> White <input type="checkbox"/> Other _____	<b>4. Parent’s Federal Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Partnered <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other
<b>5. Child’s Country of Birth</b> <input type="checkbox"/> U.S.A. <input type="checkbox"/> Other _____	<b>6. Child’s First Language(s)</b> <input type="checkbox"/> English <input type="checkbox"/> Español <input type="checkbox"/> Other _____	<b>7. Is the Child Adopted?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>8. How did you hear about us?</b> <input type="checkbox"/> Friend/Family <input type="checkbox"/> Church / Social Service Org. <input type="checkbox"/> Social Media (Facebook, Twitter) <input type="checkbox"/> Other