NEW CLIENT ENROLLMENT FORM

Full Name: _____

Email: _____ Phone Number: (_____) _____

Address: _____

City: _____ Zip: _____

Mailing Address: _____

City: _____ Zip: _____

Marital Status: ☐ Single ☐ Married Family Size: _____

Ethnicity: ☐ African American ☐ American Indian ☐ Asian ☐ Hispanic-Latino

☐ Native Hawaiian-Pacific Islander ☐ Caucasian ☐ Decline to State

Cash Aid: ☐ I am currently receiving cash aid for myself and my children

☐ I received cash aid within the past two year for myself and my children, and my last date of aid: _____

Is the second parent in the house? ☐ Yes ☐ No

If the second parent in the house, please complete the second parent's information below.

Full Name: _____

Email: _____ Phone Number: (_____) _____

OFFICE USE|Appt Date: _____ Packet Turned In: _____ Payment Starts: _____ Staff: _____

First Child:

Child's Name: _____ Date of Birth: _____

Is this child potty-trained? ☐ Yes ☐ No

Is this child enrolled in another subsidized program or Head Start? ☐ No ☐ **Yes – If yes, what hours do they attend?**

	Monday	Tuesday	Wednesday	Thursday	Friday
From					
To					

Office Use Only

Provider ID#

_____

Do you need child care for this child? ☐ Yes ☐ No Care start Date: _____

Provider Name: _____ Phone Number: (_____) _____

Email Address: _____

Provider Address: _____

Are you using a licensed child care center or licensed family day care home: ☐ Yes ☐ **No**

If you answered "no" to the question above, has your provider cleared TrustLine/fingerprint clearance? ☐ Yes ☐ No

Child care will be provided in: ☐ Provider's Home ☐ Child's Home

Second Child:

Child's Name: _____ Date of Birth: _____

Is this child potty-trained? ☐ Yes ☐ No

Is this child enrolled in another subsidized program or Head Start? ☐ No ☐ **Yes – If yes, what hours do they attend?**

	Monday	Tuesday	Wednesday	Thursday	Friday
From					
To					

Office Use Only

Provider ID#

_____

Do you need child care for this child? ☐ Yes ☐ No Care start Date: _____

Provider Name: _____ Phone Number: (_____) _____

Email Address: _____

Provider Address: _____

Are you using a licensed child care center or licensed family day care home: ☐ Yes ☐ **No**

If you answered "no" to the question above, has your provider cleared TrustLine/fingerprint clearance? ☐ Yes ☐ No

Child care will be provided in: ☐ Provider's Home ☐ Child's Home

Third Child:

Child's Name: _____ Date of Birth: _____

Is this child potty-trained? ☐ Yes ☐ No

Is this child enrolled in another subsidized program or Head Start? ☐ No ☐ **Yes – If yes, what hours do they attend?**

	Monday	Tuesday	Wednesday	Thursday	Friday
From					
To					

Office Use Only

Provider ID#

_____

Do you need child care for this child? ☐ Yes ☐ No Care start Date: _____

Provider Name: _____ Phone Number: (_____) _____

Email Address: _____

Provider Address: _____

Are you using a licensed child care center or licensed family day care home: ☐ Yes ☐ **No**

If you answered "no" to the question above, has your provider cleared TrustLine/fingerprint clearance? ☐ Yes ☐ No

Child care will be provided in: ☐ Provider's Home ☐ Child's Home