



Application for Re-Enrollment Admission

ID #: _____ USend

Child's Name: _____ **DOB:** _____

Family Member Information									
(Adults - Enter Primary Adult First)									
Code	Last	First	Middle	Preferred	Sex	Educ Level	Empl Status	Notes	
A1					M F				
Employer's Name				Phone					
A2					M F				
Employer's Name				Phone					
G9 - 9th Grade G10 - 10th Grade G11 - 11th Grade		D1 - Education Level Codes G12 - 12th Grade GED - General Ed Diploma HSG - High School		COL - Coll or Adv trg CTG - Coll Deg(Ex. CTG/BA-Bachelor's Deg.)		D2 - Employment Status Codes F = Full Time (35hr/wk+) P = Part Time (under 35hr/wk) S = Seasonal		U = Unemployed R = Retired/Disabled T = Training/School	
				B = Full Time & Training L = Part Time & Training D = Disabled		SE = Self Employed		D3 - Notes For example, occupation, training programs, etc.	

Mailing Address:				Living Address:			
City:	State:	Zip:	City:	State:	Zip:	County:	
Phone1: ()	Email:	(Circle One) Home Work Cell Pager/Beeper	Phone2: ()	Facebook:	(Circle One) Home Work Cell Pager/Beeper		

Directions to home:

Release Child To:	Relationship:	Release Child To:	Relationship:
Name		Name	
Name		Name	

Emergency Contacts:	Physician:	Phone:
Name	Address	Phone ()
	City	State
		Zip
Name	Address	Phone ()
	City	State
		Zip

Any specific family need or crisis? No Yes (If yes, describe on back of this page or in a contact note. Notify your supervisor if you answered yes.)

CONFIDENTIALITY POLICY
 In accordance with the Head Start Performance Standards, all information obtained about children and families is confidential. Files are kept in locked file cabinets and Head Start staff access is controlled on a "need to know" basis. A file control system is used to ensure confidentiality. Parents can make a written request to review their own child(ren)'s file(s) ONLY at any point during the program year. Professionals serving on federal and internal review teams are allowed to review files in their capacity as monitors of federal funding. Other agencies or organizations must obtain written parent/guardian consent to review information in a child/family file.

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I have read and understand the Kids Central, Inc. Confidentiality Policy.

Parent/guardian's signature: _____ **Date:** _____ **Staff Signature:** _____ **Date:** _____

Enrollment:
Teacher's Signature: _____ Enrollment Date _____
Teacher's Signature: _____ Withdrawal Date _____
Teacher's Signature: _____ Transfer Date _____

School Year: _____
Program: _____
Year 1 2 3
Eligibility:
<input type="checkbox"/> Below federal poverty guidelines
<input type="checkbox"/> Between 100-130%
<input type="checkbox"/> Over Income
<input type="checkbox"/> Homeless/Foster Care
<input type="checkbox"/> Categorically Eligible- TANF/SSI

State Licensing Requirement
Previous child day care and schools attended by the child:

Preferred Program Option: Center Home Based