



Family Enrichment Center, Inc.
Wee Care Childcare Center Enrollment Form

Date of Application: _____

Referred By: _____

For office use only:

Criteria Met: # of pts _____ Does not qualify _____

- 1.
- 2.
- 3.

Accepted for enrollment on _____ for classroom _____ CC Dir. Signature _____

CHILD INFORMATION:

Last Name _____ First Name _____ MI _____

Likes to be called: (nickname if any) _____

Sex: _____ Race: _____

Date of Birth _____ Current Age: _____

PARENTAL INFORMATION:

Mother Full Name: _____ EMAIL: _____

Address: _____

City: _____ State: _____ Zip: _____

Marital Status: (circle one) single married divorced other _____

Work place _____ Race: _____

Home Phone: _____ Work Phone: _____

Father Full Name: _____ EMAIL: _____

Address: _____

City: _____ State: _____ Zip: _____

Marital Status: (circle one) single married divorced other _____

Work place: _____ Race: _____

Home Phone: _____ Work Phone: _____

OTHERS IN THE HOME: (Siblings, grandparents, etc.)

Name: _____ Relation: _____

Sex: _____ Race: _____ Date of Birth: _____ Current Age: _____

Name: _____ Relation: _____

Sex: _____ Race: _____ Date of Birth: _____ Current Age: _____

Name: _____ Relation: _____

Sex: _____ Race: _____ Date of Birth: _____ Current Age: _____

Are there any special family issues that the staff needs to be aware of?

ELIGIBILITY CRITERIA INFORMATION:

This information must be complete and verifiable. All information is held in strict confidence and is used for enrollment qualification and program reporting only.

Total number of people in home: _____

Household gross income level (before taxes): _____

Mother's Income: _____

Father's Income: _____

(Has this child ever been in foster care or other out of home care? If so, please explain _____

Is the family experiencing any circumstances that would be considered a crisis? (example: domestic violence, outstanding DVO or EPO on non-custodial parent, divorce or medically fragile immediate family member) (circle one) **yes no** If so, please explain. _____

Is either parent a student at the university, technical school, business college, involved in a welfare to work program or job retaining program? (circle one) **yes no**

Are you a single parent? (circle one) **yes no**

Does your child have any special needs? (i.e. speech, developmental delay, etc.) (circle one) **yes no** If so, what and diagnosed by whom? _____

I certify that the aforementioned information is true. I also understand that this application does not guarantee my child's enrollment.

Parent or Legal Guardian Signature

Date

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