

# Waitlist Initial Intake Form

Check childcare program:  Learning Center  School Age

Do you:  Have Voucher  Need EEC Slot

Gross Monthly Household Income: \$ \_\_\_\_\_ Family Size \_\_\_\_\_

## Parent/Guardian (1) Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SS# \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Gender: F M T Preferred Language \_\_\_\_\_

Working \_\_\_\_\_ hours a week  College/Training \_\_\_\_\_ credits  Disability/Special Need

Ethnicity:  Hispanic  Black  White  Asian  Other \_\_\_\_\_

- Single Parent
- Married
- Teen Parent
- Foster Parent

- Military Parent
- Guardian
- Grandparent over 65
- Grandparent under 65

## Parent/Guardian (2) Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SS# \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Gender: F M T Marital Status: Single or Married Preferred Language \_\_\_\_\_

Working \_\_\_\_\_ hours a week  College/Training \_\_\_\_\_ credits  Disability/Special Need

Ethnicity:  Hispanic  Black  White  Asian  Other \_\_\_\_\_

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## Family Income Sources:

Employment  Self Employment  TANF/TAFDC  Food Stamps  FED Benefits

Child Support  SSI  Housing  Other \_\_\_\_\_

**Child (1) Information**

Child (1) needs care:  Yes  No

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

DOB \_\_\_ / \_\_\_ / \_\_\_ SS# \_\_\_ - \_\_\_ - \_\_\_ Family Type: Biological /Foster /Guardian

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Child (1) has a special need: Yes No \_\_\_\_\_

Gender: F M T Ethnicity:  Hispanic  Black  White  Asian  Other \_\_\_\_\_

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**Child (2) Information**

Child (2) needs care:  yes  no

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

DOB \_\_\_ / \_\_\_ / \_\_\_ SS# \_\_\_ - \_\_\_ - \_\_\_ Family Type: Biological /Foster /Guardian

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Child (2) has a special need: Yes No \_\_\_\_\_

Gender: F M T Ethnicity:  Hispanic  Black  White  Asian  Other \_\_\_\_\_

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**Child (3) Information**

Child (3) needs care:  yes  no

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

DOB \_\_\_ / \_\_\_ / \_\_\_ SS# \_\_\_ - \_\_\_ - \_\_\_ Family Type: Biological /Foster /Guardian

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Child (3) has a special need: Yes No \_\_\_\_\_

Gender: F M T Ethnicity:  Hispanic  Black  White  Asian  Other \_\_\_\_\_

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**Child (4) Information**

Child (4) needs care:  yes  no

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

DOB \_\_\_ / \_\_\_ / \_\_\_ SS# \_\_\_ - \_\_\_ - \_\_\_ Family Type: Biological /Foster /Guardian

Grade: \_\_\_\_\_ School: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Child (4) has a special need: Yes No \_\_\_\_\_

Gender: F M T Ethnicity:  Hispanic  Black  White  Asian  Other \_\_\_\_\_

\* Attach additional sheets for other family members