

## Family Enrollment Information

### 1. Family Information

Total Family Size	# of Adults	# of children	
Street Address		City	State      Zip code
Home Phone	Cell Phone	Email	

### 2. Child Information

Child Name	Age	Birthday	Potty Trained?	Yes	No
Race	American Indian/Alaskan Native	Asian	Black or African American		
	Native Hawaiian or other Pacific Islander	White/Caucasian	Hispanic?	Yes	No
Child's Primary Language					

### 3. Adult Information (please complete for the adult(s) who lives in the home and are responsible for the child)

a. Name

Mother	Step-mother	Domestic Partner	Guardian	Foster parent
Other				
Is he/she a student?	Yes	No	Name of School	Student ID#
Is he/she a employed?	Yes	No	Name of Employer	
Single Parent?	Yes	No	If yes, please provide supporting documentation (i.e. divorce records, child custody records, rental receipt, utility bill, etc.)	

b. Name

Father	Step-father	Domestic Partner	Guardian	Foster parent
Other				
Is he/she a student?	Yes	No	Name of School	Student ID#
Is he/she a employed?	Yes	No	Name of Employer	
Single Parent?	Yes	No	If yes, please provide supporting documentation (i.e. divorce records, child custody records, rental receipt, utility bill, etc.)	

### 4. Siblings (List other children living in the home under the age of 18 years)

Name	Gender	male	female	Birth date
Name	Gender	male	female	Birth date
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