



APPLICATION FOR ENROLLMENT – LAKEVIEW EARLY CHILDHOOD CENTER

Date: ___/___/___ Schedule Preferred ___ AM ___ PM Did other children attended ECC? _____ Teacher: _____

Student(s) Name: _____

Child's Name: _____ Birth date: ___/___/___ Gender: ___ Male ___ Female

Home Address: _____ Zip Code: _____ County _____

Language spoken in the home: _____ by child: _____

Birth Place: _____

Ethnic category		
___ Native Am.	___ Afro Am.	___ White
___ Asian	___ Hispanic/Latino	___ Multi

Will your child be in day care? ___ Yes ___ No

If yes, Caregiver's Name: _____ Address _____ Phone _____ Cell _____

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

Home phone: _____ Cell _____

Home phone: _____ Cell _____

Work ph. _____ Shift _____

Work ph. _____ Shift _____

Child lives with: _____

<p>Forms needed:</p> <p>___ Birth Certificate</p> <p>___ Immunizations records (inform the office when child gets additional shots)</p> <p>___ Income verification (IRS return; a current paycheck stub)</p> <p>___ Current proof of residence (copy of a current utility bill)</p> <p>___ Insurance or Medicaid (if applicable)</p> <p>___ Physical (green form) (needed when the child is accepted in the program)</p>	<p>Annual Income: \$ _____</p> <p>Number of family members: _____ <small>(Parent(s) and children)</small></p>
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Parent signature: _____

Date: _____

Interviewer Signature: _____

Date: _____

Office use only: eligible ___ Ineligible ___ Comments: _____

Risk Factor: (list numbers from risk factor form) _____