



## EDUCARE EARLY CHILDHOOD PRE-APPLICATION

(Please Complete A Form For Each Child)

Today's date:					
<b>CHILD INFORMATION</b>					
Child's last name:		First:		Middle:	Child's Age by Sept 1:
					Child's Date of Birth:
Parent/Guardian # 1 last name:		First:		Parent/Guardian # 2 last name:	First:
Street address:			Home Phone No.:		Cell Phone No.:
			( )		( )
Apt. #:		City:		State:	ZIP Code:
Message Phone:		Email Address:			Message Phone:
					( )
Are You Employed?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are You in School/Training?
					<input type="checkbox"/> Yes
					<input type="checkbox"/> No
Are You Currently Homeless?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	What is your Highest Level of Education?
<b>ADDITIONAL PREQUALIFYING INFORMATION</b>					
Parental Status: <input type="checkbox"/> Kinship <input type="checkbox"/> Foster Care <input type="checkbox"/> Teen Parent <input type="checkbox"/> One Parent Household <input type="checkbox"/> Two Parent Household					
Annual Income (Before Taxes)		Are you receiving W2		Are you authorized to receive a child care subsidy for this child?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Does your child have a diagnosed disability?					
<input type="checkbox"/> Yes		<input type="checkbox"/> No		If Yes, Please List Disability/IEP Information:	
Do You Suspect A Disability?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
How Did you Learn About Our Program (please check one box):					
<input type="checkbox"/> Close to home/work		<input type="checkbox"/> Flyer		<input type="checkbox"/> Child Resource & Referral	<input type="checkbox"/> Radio Ad
					<input type="checkbox"/> Television
<input type="checkbox"/> Yellow Pages		<input type="checkbox"/> Community Event		<input type="checkbox"/> Other	
Other Children/ Family enrolled in Next Door Programs:					
What is the Best Time To Reach You:					