

Keepers of the Future Child Care
Enrollment Form

Today's Date: _____

Child's Name: _____

Birthdate: _____

Parents/Guardian Name: _____

Tribal Member: Yes or No

Address: _____

Telephone number: _____

Date you need care to begin: _____

Days and hours of attendance:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

We will contact you regarding the waiting list and with the date a spot will be available for your child.
Native American preference.

The cost of child care for children 0-3 is \$3.25 per hour.

The cost of child care for children ages 3 and up is \$3.00 per hour.

Any questions contact Julia or Michelle at 466-0279 ext. 1 or 2.

Parent/Guardian signature

Date

Applicant & Family Member Information

Applicant (Child Applying for Services)

First Middle Last Suffix Birthday Gender SSN

Race: Asian American Indian/Alaska Native Hispanic Yes None Other Language Other Language Proficiency
 Black Hawaiian/Pacific Islander No Little Moderate Poor
 White Multi-Racial Moderate Proficient
 Other: _____ Proficient

Primary Health Coverage Other Health Coverage Insurance # Medicaid # Doctor Dentist
 Not Eligible
 On Medicaid
 Potentially Eligible

Adult 1

First Middle Last Suffix Birthday Gender SSN

Race: Asian American Indian/Alaska Native Hispanic Yes None Other Language Other Language Proficiency
 Black Hawaiian/Pacific Islander No Little Moderate Poor
 White Multi-Racial Moderate Proficient
 Other: _____ Proficient

Highest Grade Completed Employment Status Child's Relationship Custody Check all that apply for this adult:
 Full Time Full Time & Training Natural/Adopted/Step Yes Lives with Family
 Part Time Part Time & Training Grandchild No Provides Financial Support
 Seasonal Training or School Niece/Nephew Teen Parent
 Unemployed Retired or Disabled Foster Other If teen parent, subsidized?
 Yes No

E-mail Address: _____

Adult 2

First Middle Last Suffix Birthday Gender SSN

Race: Asian American Indian/Alaska Native Hispanic Yes None Other Language Other Language Proficiency
 Black Hawaiian/Pacific Islander No Little Moderate Poor
 White Multi-Racial Moderate Proficient
 Other: _____ Proficient

Highest Grade Completed Employment Status Child's Relationship Custody Check all that apply for this adult:
 Full Time Full Time & Training Natural/Adopted/Step Yes Lives with Family
 Part Time Part Time & Training Grandchild No Provides Financial Support
 Seasonal Training or School Niece/Nephew Teen Parent
 Unemployed Retired or Disabled Foster Other If teen parent, subsidized?
 Yes No

E-mail Address: _____

Additional Child - Is this child also applying for services? Yes No

First Middle Last Suffix Birthday Gender SSN

Race: Asian American Indian/Alaska Native Hispanic Yes None Other Language Other Language Proficiency
 Black Hawaiian/Pacific Islander No Little Moderate Poor
 White Multi-Racial Moderate Proficient
 Other: _____ Proficient

Additional Child - Is this child also applying for services? Yes No

First Middle Last Suffix Birthday Gender SSN

Race: Asian American Indian/Alaska Native Hispanic Yes None Other Language Other Language Proficiency
 Black Hawaiian/Pacific Islander No Little Moderate Poor
 White Multi-Racial Moderate Proficient
 Other: _____ Proficient

Family Information, Income & Contacts

This Section for Agency Use Only:

Applicant Name: _____ Birthday _____

Family Information				
Living Address	Address Line 2	Zip	City	State MI
Mailing Address (if different)	Address Line 2	Zip	City	State MI
Parent/Guardian's Phone Numbers	Type (check one)	Note (Name, extension, best time to call)		
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other			
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other			
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other			
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other			
Parental Status (in home)	Primary Language at Home	Secondary Language	Total # in family	Number of children
<input type="checkbox"/> One Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Dual Custody (50/50 split)	English			0 to 3 _____ 3 to 5 _____

Family Income					
<small>The definition of income is: income means total cash receipts before taxes from all sources, with the exceptions noted below. Income includes ordinary wages or salary before deduction; income from non-farm self-employment and income from farm self-employment; regular payments from Social Security or railroad retirement; payments from unemployment compensation, strike benefits from union funds, worker's compensation, veterans' benefits with the exception noted below, public assistance (including Temporary Assistance for Needy Families, Supplemental Security Income Emergency Assistance payments, and non-Federal funded General Assistance or General Relief money payments); training stipends; alimony; child support and family allotments or other regular support from an absent family member or someone living in the household; private pensions, government employee pensions (including military retirement pay), annuities, insurance or annuity payments; college or university scholarships, grants, fellowships and assistantships; dividends, interest, net rental income, net royalties, and periodic receipts from estates or trusts; and net gambling or lottery winnings.</small>					
TANF / Public Assistance	Supplemental Security Income	Homeless	Foster Care	WIC	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Copy Verification letter for files.	Copy Verification letter for files.		Copy Verification letter for files.		
Family Member	Amount	Per: Week, Bi-Weekly, Month, Year	Annual Amount	Description: SSI, Job, Child Support	Type of Verification: Income Tax Form, W2 check stub, verification letter
	\$		\$		
	\$		\$		
	\$		\$		
	\$		\$		

A copy of ALL income documentation must be kept in each child's file.

Income Notes _____

Certification: I certify that the documents and information that I provided are accurate to the best of my knowledge. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature _____ Date _____