

School Year: _____

ENROLLMENT APPLICATION



Office Use Only: OI UI

Program Options: *FdL HS Only _____ First Presbyterian HS/4K _____ *NFdL HS Only _____ *PV HS Only _____
FdL HS/4K _____ FdL Combo (3 yr olds) _____ NfdL HS/4K _____ PV HS/4PS _____
PV 4PS Only _____

*4K/4PS alternate location _____ yes _____ no – If yes, location _____ AM or PM
*Early Childhood _____ yes _____ no – If yes, location _____ AM or PM

Date Applied: ____/____/____ Date Accepted: ____/____/____ First day of attendance: ____/____/____

Staff Signature: _____ Date dropped: ____/____/____

Child's Name: _____ ID # _____

First Name

MI

Last Name(s)

Date of Birth: ____/____/____

Gender: Male Female

Language(s) Spoken: Primary _____ Secondary _____

English Speaking Ability: Very Well Well Not Well Not at all

Does the child speak English at home? yes no

Is the child's ethnicity: (must choose one)..... Hispanic or Latino origin Non-Hispanic or Non-Latino origin

Is the child's race: (must choose one or more).....

- American Indian or Alaska Native
- Asian
- Biracial/Multiracial
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other _____

FamilyType: Two Parent Single Parent/Female Single Parent/Male

Housing:

Own Rent Homeless

Housing Type:

Apartment House Duplex Mobile home/trailer
 Shelter Other _____

Parent/Guardian name _____ ID # _____ Date of birth ____/____/____

Check one: Mother Stepmother Foster Mother Grandmother
 Father Stepfather Foster Father Grandfather Other _____

Resides with child: Yes No Custody: Joint Full Visitation: Yes No Parent in jail/prison: Yes No Are you a court ordered legal guardian? Yes No

Home Phone () _____ - _____ Cell Phone () _____ - _____ Work Phone () _____ - _____

E-mail: _____

Address _____

Street

City

State

Zip

County: Fond du Lac Green Lake Other: _____

Language(s) Spoken: Primary _____ Secondary _____

English Speaking Ability: Very Well Well Not Well Not at all

Ethnicity: (must choose one)..... Hispanic or Latino origin Non-Hispanic or Non-Latino origin

Race: (must choose one or more).....

- American Indian or Alaska Native
- Asian
- Biracial/Multiracial
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other _____

Highest level of education completed: (check one)

- 9th grade or less
- 10th grade
- 11th grade
- 12th grade (no diploma)
- High school diploma or equivalent
- Some college, Vocational, Associates degree
- Bachelors or Advanced degree

Employment Status:

- Employed, Full-time
- Employed, Part-time
- Unemployed
- In School/Job Training Full-time
- In School/Job Training Part-time
- Not in School/Job Training
- Disabled
- Retired
- Active Member of US Military
- Homemaker
- Self-Employed

Parent/Guardian name _____ Date of birth ____/____/____

Check one: Mother Stepmother Foster Mother Grandmother
 Father Stepfather Foster Father Grandfather Other _____

Resides with child: Yes No Custody: Joint Full Visitation: Yes No Parent in jail/prison: Yes No Are you a court ordered legal guardian? Yes No

Home Phone () _____ - _____ Cell Phone () _____ - _____ Work Phone () _____ - _____

E-mail: _____

Address _____

Street City State Zip

Language(s) Spoken: Primary _____ Secondary _____

English Speaking Ability: Very Well Well Not Well Not at all

Ethnicity: (must choose one)..... Hispanic or Latino origin Non-Hispanic or Non-Latino origin

Race: (must choose one or more).....
 American Indian or Alaska Native Black or African American
 Asian Native Hawaiian or Other Pacific Islander
 Biracial/Multiracial White
 Other _____

Highest level of education completed: (check one)
 9th grade or less 10th grade 12th grade (no diploma) Some college, Vocational, Associates degree
 11th grade High school diploma or equivalent Bachelors or Advanced degree

Employment Status:
 Employed, Full-time In School/Job Training Full-time Disabled Homemaker
 Employed, Part-time In School/Job Training Part-time Retired Self-Employed
 Unemployed Not in School/Job Training Active Member of US Military

List all other persons living in the household:

Name: First Last	Date of Birth:	Relationship to child:	Ethnicity/Race:	Language:

Does family receive
MA/Badgercare ?..... Yes No Public housing assistance?..... Yes No
Food stamps?..... Yes No Section 8 or Income based assistance
Subsidized child care?..... Yes No Energy program assistance ?..... Yes No
W-2?..... Yes No POCAN?..... Yes No
WIC?..... Yes No Reliable Transportation? Yes No

DSS or Economic Support Worker _____

Is your child covered by any other insurance? Health: Yes No Dental: Yes No Vision: Yes No

Has your child received any services such as:
 Speech & Language therapy
 Birth to Three Early Childhood
 Counseling: Name of counselor _____

ALTERNATE / EMERGENCY CONTACT

Name _____
Address _____ Relationship to child _____
Home Phone _____
E-Mail _____ Cell Phone _____
Language Spoken: _____ Work Phone _____