



Head Start Family Day Care

3295 Fulton Street, 1st Floor
Brooklyn, NY 11208
(718) 235-3949

Enrollment Application

DATE: / /

A

1. Name of the Parent

2. Full Street Address

2A. Between what two streets?

3. Home Phone Number

4. Work Phone Number

5. Parent Cell Phone (if any)

7. Parent e-mail address (if any)

8. Name of Child

Child's Date of Birth

9. Name of Emergency Contact Person

10. Phone Number

11. If you are a citizen are you registered to vote? Yes No

If not, would you like to register here? Yes No

11B. Do you have a car to transport your child to school? Yes No

B

12. Does your child have any medical or mental health related problems that you are aware of?

If **YES** please explain below

13. Does your child have any diagnosed or suspected disabilities? If **YES** please explain

14. Does your child have a medical home (hospital, clinic or private doctor's office where he/she is seen on a regular basis? If yes please name, if **YES** please name, if **NO** please explain

15. What is the primary language spoken in your home? _____

16. What language of instruction do you prefer for your child?

English **Spanish** **Bi-Lingual** (English and Spanish)

17. What is your child's ethnicity?

Native American

Alaskan Native

Asian

Black/African American

Hispanic/Latino

White

Native Hawaiian or Pacific Islander

Biracial/ Multi-racial

Other _____

17.A What is parent country of birth: _____

18. Are you working? YES NO if yes, what is the name of the company, your position, and hours?

18A. Are you in school? YES NO if yes, what school, what field and what are your school hours?

19. Below list the name, age and relationships of all the people who live in your household including yourself.

Name	Age	Relationship	Name	Age	Relationship

20. Are any of the adults listed above besides yourself employed? YES NO

If, yes please bring proof of income.

21. I, _____ verify that all of the above information is accurate and truthful. If the information presented is discovered to be inaccurate, my services provided by the CHCCC will be terminated.



Signature _____ Date: _____

TO BE COMPLETED BY STAFF

Documentation of income includes:

- Birth Certificate S.S Card W-2 Form 1040 Form 186D
 Proof of Address Pay Stub Letter from employer 548C Public Asst. receipt
 Notarized letter of Unemployment Other Document _____

Site preference: _____ Head Start Family Day Care Program _____

Verified by: _____ Date: _____

Family size Yearly Family Income: \$

Income eligible Not eligible (Why) _____



Cypress Hills Child Care Corporation
Head Start Family Day Care
3295 Fulton St
Brooklyn, NY 11208
(718) 235-3949

Required Documents/ Documentos Requeridos

- 1.) Child's Birth Certificate / *Acta de Nacimiento del niño/a*
- 2.) Both Parent's Proof of Income/ *Verificación de ingreso de ambos padres*
If parents are not together but provide child support, we will need a notarize child support letter. *Si los padres están separados se necesitara que nos provea una carta notariada verificando la mantención del niño/a*
- 3.) Families Proof of Address (bills under your name) / *Prueba de dirección (facturas en su nombre)*
- 4.) If your child is receiving any therapy please add a copy of your child's last evaluation. *Si su niño/a recibe alguna terapia favor de añadir la copia de la evaluación mas reciente de su niño/a*

Applications are taken Monday through Friday from 9-5pm, for more information please contact our office at (718) 235-3949

Las aplicaciones son aceptadas lunes a viernes de 9-5pm, para más información favor de contactarse con nosotros al (718) 235-3949.