



Family Enrichment Center, Inc.  
Wee Care Nursery Enrollment Form

Date of Application: \_\_\_\_\_

Referred By: \_\_\_\_\_

For office use only:

Criteria Met: # of pts \_\_\_\_\_ Does not qualify \_\_\_\_\_

- 1.
- 2.
- 3.

Accepted for enrollment on \_\_\_\_\_ for classroom \_\_\_\_\_ Exec Dir Signature \_\_\_\_\_

**CHILD INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Likes to be called: (nickname if any) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Age: \_\_\_\_\_

**PARENTAL INFORMATION:**

Mother Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status: (circle one) single married divorced other \_\_\_\_\_

Work place \_\_\_\_\_ Race: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father Full Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Marital Status: (circle one) single married divorced other \_\_\_\_\_

Work place: \_\_\_\_\_ Race: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**OTHERS IN THE HOME: (Siblings, grandparents, etc.)**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Are there any special family issues that the staff needs to be aware of?

---

---

---

**ELIGIBILITY CRITERIA INFORMATION:**

This information must be complete and verifiable. All information is held in strict confidence and is used for enrollment qualification and program reporting only.

Total number of people in home: \_\_\_\_\_

Household gross income level (before taxes): \_\_\_\_\_

Mother's Income: \_\_\_\_\_

Father's Income: \_\_\_\_\_

(Has this child ever been in foster care or other out of home care? If so, please explain \_\_\_\_\_

Is the family experiencing any circumstances that would be considered a crisis? (example: domestic violence, outstanding DVO or EPO on non-custodial parent, divorce or medically fragile immediate family member) (circle one) **yes no** If so, please explain. \_\_\_\_\_

Is either parent a student at the university, technical school, business college, involved in a welfare to work program or job retaining program? (circle one) **yes no**

Are you a single parent? (circle one) **yes no**

Does your child have any special needs? (i.e. speech, developmental delay, etc. ) (circle one) **yes no** If so, what and diagnosed by whom? \_\_\_\_\_

I certify that the aforementioned information is true. I also understand that this application does not guarantee my child's enrollment.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer.