



Enrollment Application

83 Pearl Street, Hyannis MA 02601

(508) 775-6240 or (800) 974-8860

FAX (508) 775-3994

Parent/Guardian Name (1): First _____ Middle _____ Last _____

Living/Mailing Address _____ Town/Zip _____

Email (please print) _____

Cell Phone _____ Home Phone _____

D/O/B _____ Gender: M/F

Marital Status: Married or Single Family Type: Two Parent Single Mother Single Father Grandparent Foster Other

Race: Asian Black Hawaiian/Pacific Native American White Bi/Multi-Racial Other Declined - Hispanic Y/N

Education Level: Some HS Experience Completed HS/GED Associates Degree Advanced

Primary Language _____ Secondary Language _____

Parent Activities: Employed Education/Training Seeking Employment Disabled Parent Retired 65 or older Unemployed

Name of Employer or Education/Training Program _____

Weekly Gross Income \$ _____ Family Size _____

Income Type: Child Support Employment SSI TAFDC Other Self-employed Unemployment

Do you receive? WIC SNAP Housing Assistance Are you on active duty? Y/N

Residency: Own Rent Live with Family/Friends Motel Shelter other (please specify) _____

Parent/Guardian Name (2): First _____ Middle _____ Last _____

Living/Mailing Address _____ D/O/B _____ Gender: M F

E-mail (please print) _____

Cell Phone _____ Home Phone _____

Race: Asian Black Hawaiian/Pacific Native American White Bi/Multi-Racial Other Declined Hispanic Y/N

Education Level: Some HS Experience Completed HS/GED Associates Degree Advanced

Primary Language _____ Secondary Language _____

Parent Activities: Employed Education/Training Seeking Employment Disabled Parent Retired 65 or older Unemployed

Name of Employer or Education/Training Program _____

Weekly Gross Income \$ _____ Are you on active duty? Y/N

Income Type: Child Support Employment SSI TAFDC Other Self-employed Unemployed (Over Please)

Child Name (1): First _____ Middle _____ Last _____

D/O/B _____ Gender: M/F Birth City/State _____

Race: Asian Black Hawaiian/Pacific Native American White Bi/Multi-Racial Other Declined – Hispanic Y/N

Primary Language _____ Secondary Language _____

Special Needs of Child? Please describe _____ (Circle) Early Intervention, IEP, 504

Any allergies or nutritional concerns? _____ Child's Dentist _____

Child Care Needs: Full Day (Birth to Age 5) Part-Day (3-5 Yrs. Only) After School and/or Summer (Kindergarten-5th Grade)

Home Base (2.9-5 yrs)

Child Name (2): First _____ Middle _____ Last _____

D/O/B _____ Gender: M/F Birth City/State _____

Race: Asian Black Hawaiian/Pacific Native American White Bi/Multi-Racial Other Declined - Hispanic Y/N

Primary Language _____ Secondary Language _____

Special Needs of Child? Please describe _____ (Circle) Early Intervention, IEP or 504

Any allergies or nutritional concerns? _____ Child's Dentist _____

Child Care Needs: Full Day (Birth to Age 5) Part-Day (3-5 Yrs. Only) After School and/or Summer (Kindergarten-5th Grade)

Home Base (2.9-5 yrs)

Child Name (3): First _____ Middle _____ Last _____

D/O/B _____ Gender: M/F Birth City/State _____

Race: Asian Black Hawaiian/Pacific Native American White Bi/Multi-Racial Other Declined - Hispanic Y/N

Primary Language _____ Secondary Language _____

Special Needs of Child? Please describe _____ (Circle) Early Intervention, IEP or 504

Any allergies or nutritional concerns? _____ Child's Dentist _____

Child Care Needs: Full Day (Birth to Age 5) Part-Day (3-5 Yrs. Only) After School and/or Summer (Kindergarten-5th Grade)

Home Base (2.9-5 yrs)

How did you hear about us?(Name/Title) _____

Do you have an active child care voucher? _____

Issuing Agency? _____

Do you currently have a child in subsidized child care? _____

Location: _____

Parent/Guardian Signature _____ Date _____