Miami Valley MVCDC Child Development Centers, Inc.

Welcome new enrolling parents! This is phase one of MVCDC's application process. Please complete & print this form. Call 937.226.5664 to schedule an enrollment interview. Bring completed form with you. Thank you.

Enrollment Application

☐ **Head Start** ☐ *AM* ☐ *PM* ☐ *FD* ☐ *HB*	☐ **1st** Yr ☐ **2nd** Yr ☐ **3rd** Yr	☐ **Partnership**
☐ **Family Child Care**	☐ **EHS** ☐ **State**	☐ **Public Preschool**

County _____ Center/Classroom _____ Child SS #:____/____/____

Child's Name _____ ☐M ☐F Child DOB _____ Ref Document _____

Parent/Guardian Name _____ Phone _____

Address _____City_____ Zip Code _____School Dis _____

RACE: W B A N P M O U **Ethnicity:** Hispanic Non Hispanic **Language:** E S M C I A N P W L O

(Primary language of family)

Names of Family Member	Relation	Birth Date	Social Security #	Education	Place of Employment/School

Codes for Relationships	HOH = Head Of Household	M = Mom	F = Father	S = Step Parent	FP = Foster Parent/Guardian
	GP =Grandparent	BR= Brother	SIS = Sister		O = Other

Family Type:	☐ Two Parent ☐ Single Parent				
HOH Employed:	☐ Full Time	☐Part Time	☐ Seasonal	☐ Unemployed	☐ School/Training
Adult #2 Employed	☐ Full Time	☐ Part Time	☐ Seasonal	☐ Unemployed	☐ School/Training
Housing Type		☐ Apt	☐ Single Family	☐ Public Housing	☐ Homeless
Child Day Care Needs:	☐ Full Day	☐Part Day	☐ 2nd or 3rd Shift	☐Child Care not needed	
Child receives care at:	Name of Provider		☐ Child Care Center	☐ Home Daycare	☐ Other adult/ relative
Currently receives:	☐ ODJFS childcare subsidy				
Family issues	☐ Abuse/Domestic Issues	☐ Legal Issues	☐Substance/Alcohol Abuse	☐Change in Parental Figure	☐Health Issues
Services received from other agencies:					
☐ Housing	☐ Weatherization	☐HEAP	☐ Food Stamps	☐WIC	☐OWF
☐CSB	☐ HMG	☐BVR	☐ BCMH	☐ SSI/Adult	☐SSI/Child

Medical Home: Y N	**Medicaid/HMO: Y N**	**Insurance Provider:**
Dental Home: Y N	**Private Ins/HMO: Y N**	**Insurance Provider:**
Child will be age eligible for the following next fall: ☐ Kindergarten ☐ Head Start ☐Early Head Start		

_____

Parent/Guardian Signature Date

_____

Family Support Specialist/Home Visitor Signature Date

Status: Support Supervisor Initials_____ Date _____ Accepted ☐ Reconsider ☐ Not eligible ☐