



**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)

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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)

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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)

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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 \_\_\_\_\_