

**Central Community Enrollment Application**

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| 1. **family information** |
| **child Information**  Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_ Race: \_\_\_\_\_\_\_\_\_\_\_\_  Is the child potty-trained? Yes or No  Does child receive Special Education Services? (IEP): Yes or No  Does child receive Speech Services? (IEP): Yes or No  Does child receive Early Intervention Services? (IFSP): Yes or No  Does child have a suspected disability? Yes or No  If Yes, what is the suspected disability? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  In what kind of setting does your child currently receive care?  □ no previous child care □ in-home care □ care at a center/facility  (please specifiy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| **Guardian Contact Information**  Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to Child: \_\_\_\_\_\_\_\_\_\_ Number in Household: \_\_\_\_\_ Primary Language: \_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Household eligibility Information**  Does anyone in your household currently receive SNAP or CCAP assistance? Yes or No |

*To apply online, go to elncentral.com and click on “Enroll.”*

Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 1. **family preferences** |
| **Rank Program Preference**  Ranking a program 1st or 2nd **DOES NOT** guarantee enrollment. Enrollment can be limited by factors including availability of seats and preferences given for siblings of other children in care.  Please rank the programs below in order of preference. Put a “1” for your first choice, “2” for your second choice, and so on. Only rank programs for which you are eligible.  Ranking Program Type  \_\_\_\_\_\_\_ Abundant Blessings Early Learning Center Child Care Center  \_\_\_\_\_\_\_ Bellingrath Hills Elementary School Public School  \_\_\_\_\_\_\_ Central Early Learning Center Child Care Center  \_\_\_\_\_\_\_ Imagination Station Childcare and Learning Center Child Care Center  \_\_\_\_\_\_\_ Kids Palace Child Care Center  \_\_\_\_\_\_\_ Lil Wildcats Child Care Child Care Center |
| **Sibling Information**  If child has any siblings **currently** attending any program above, please list below:  Sibling Name Center/School Age  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ |

By signing this, I give permission for the information provided in this application to be shared with the programs in the Early Learning Network of Central as I have ranked them above, in order to help me find any available seats at the sites of my choosing. I understand that my submission of this form does not guarantee me a seat in any particular program.

Printed Name of Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_