

BALLARD COMMUNITY CENTER

ENROLLMENT APPLICATION



708 ELM STREET P.O. BOX 7 LAWRENCE, KS 66044

APPLICANT

Name	Date of Birth	Telephone
_____	_____	_____
Child Name	Date of Birth	
_____	_____	SSN# _____

CHILD INFORMATION

First Name:	Middle Name:	Last Name:
_____	_____	_____
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No

Race:

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White
<input type="checkbox"/> Bi-Racial/Multi-Racial:	<input type="checkbox"/> Other: _____

Specify: _____

Language:

Primary:	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other: _____
Secondary:	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other: _____

How well does your child speak English?

<input type="checkbox"/> Not very well	<input type="checkbox"/> Well	<input type="checkbox"/> Not Well	<input type="checkbox"/> Not at all
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Child previously enrolled in Ballard Community Center's Early Education Program?

Yes No

Does your child have an IEP/IFSP (or Disability)? Yes No

Child previously applied or on waiting list? Yes No

RESIDENTIAL ADDRESS

Street Address:	Apt. #:
_____	_____
City:	State:
_____	_____
	Zip Code:

MAILING ADDRESS

Same as Residential Address

Street Address:	Apt. #:
_____	_____
City:	State:
_____	_____
	Zip Code:

PARENT/GUARDIAN 1
This parent is Head of Household

First Name

Middle Name:

Last Name:

Date of Birth

Gender: Male Female

Email:

Telephone: Mobile: _____ Landline: _____

Can you receive texts? Yes No

Marital Status: Single Married Divorce Separated Partner

Relationship to child: Biological parent Foster parent Grandparent Parent's Significant Other
 Legal Guardian Step Parent
 Other: _____

Person lives in the same household as child? Yes No

Is person currently pregnant? Yes No

Due Date: _____

Race: American Indian/Alaskan Native Hispanic/Latino
 Asian Native Hawaiian or Other Pacific Islander
 Black or African American White
 Bi-Racial/Multi-Racial: Other: _____
Specify: _____

Language: Primary: English Spanish Other: _____
Secondary: English Spanish Other: _____
Language interpreter needed? Yes No

Highest Level of Education Completed: Date Completed
High School/ GED Yes No _____
Some College Yes No _____
College Yes No _____

Education Status: Full Time Part Time Not Applicable

School Name: _____

School Address: _____

School Telephone: _____

Occupational Status: Full Time Part Time Unemployed Not Applicable

Employer Name: _____

Employer Address: _____

Employer Telephone: _____

Work Hours: _____

PARENT/GUARDIAN 2
This parent is Head of Household

First Name

Middle Name:

Last Name:

Date of Birth

Gender: Male Female

Email:

Telephone: Mobile: _____ Landline: _____

Can you receive texts? Yes No

Marital Status: Single Married Divorce Separated Partner

Relationship to child: Biological parent Foster parent Grandparent Parent's Significant Other
 Legal Guardian Step Parent
 Other: _____

Person lives in the same household as child? Yes No

Is person currently pregnant? Yes No

Due Date: _____

Race: American Indian/Alaskan Native Hispanic/Latino
 Asian Native Hawaiian or Other Pacific Islander
 Black or African American White
 Bi-Racial/Multi-Racial: Other: _____
Specify: _____

Language: Primary: English Spanish Other: _____
Secondary: English Spanish Other: _____
Language interpreter needed? Yes No

Highest Level of Education Completed:		Date Completed
High School/ GED	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Some College	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Education Status: Full Time Part Time Not Applicable

School Name: _____

School Address: _____

School Telephone: _____

Occupational Status: Full Time Part Time Unemployed Not Applicable

Employer Name: _____

Employer Address: _____

Employer Telephone: _____

Work Hours: _____

PARENT NOT IN HOME

Mother Father

Name:

Address:

Telephone: _____ Mobile: _____ Land Line: _____

Can you receive texts: Yes No

Is there a custody order? Yes No
(If yes, please provide a copy)

OTHER FAMILY MEMBERS LIVING IN HOME

Name: _____ DOB: _____ Race: _____ Gender: _____ Relationship to Child: _____

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Name: _____ DOB: _____ Race: _____ Gender: _____ Relationship to Child: _____

Name: _____ DOB: _____ Race: _____ Gender: _____ Relationship to Child: _____

FAMILY DEMOGRAPHIC DATA

Current/Active Duty Military? Yes No Family history of substance abuse: Yes No

Family member with a disability? Yes No Family history of sexual and/or domestic violence? Yes No

Family history of incarceration? Yes No Family history of court involvement? Yes No

Family Type:

Biological Family Foster Family Other Family Type Other Relative(s) Aunt- Uncle- Grandparent

Parent Type (Please check only one):

- Single parent, father figure only
- Single parent, father figure living with partner
- Single parent, mother figure only
- Single parent, mother figure living with partner
- Two parent family

Parent Type (Please check only one):

- Single parent, father figure only
- Single parent, father figure living with partner
- Single parent, mother figure only
- Single parent, mother figure living with partner
- Two parent family

Types of services or Financial Assistance Received (check all that apply):

- None
- Energy Assistance Program
- Public Housing Assistance
- WIC
- Medical Financial Assistance (Medicare, Medicaid)
- Supplemental Nutrition Assistance Program (SNAP)
- Other: _____

The following items are counted as income. Please provide a copy.

- Public Assistance/ Welfare (e.g., TANF, AFDC)
- Social Security Disability
- Unemployment Assistance
- Child Support/Alimony
- Supplemental Security Income (SSI)
- Social Security Death Benefits
- Foster Care/Adoption Subsidy

Type of Housing (please circle type):

- House
- Apartment
- Mobile Home
- Other: _____
- Community Shelter
- Homeless
- Hotel/Motel

Family Housing Payment Type:

- Exchange Services for Housing
- Make No Payment for Housing
- Other: _____
- Own
- Rent
- Receives Subsidized Housing

Do you have transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Primary mode of transportation:			
<input type="checkbox"/> Personal car <input type="checkbox"/> Friend's car <input type="checkbox"/> Bus	<input type="checkbox"/> Taxi <input type="checkbox"/> Public Transportation <input type="checkbox"/> Other: _____		
How did your family hear about Ballard Community Center's Early Education Program? (Referral from where) <input type="checkbox"/> Friend/Family <input type="checkbox"/> Community Agency			
Community Services (Please check all services you are currently receiving)			
<input type="checkbox"/> Medical Assistance <input type="checkbox"/> Parents as Teachers <input type="checkbox"/> Centro Hispano	<input type="checkbox"/> Mental health Agency _____ <input type="checkbox"/> Child Care/Program Name _____ <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Tiny K <input type="checkbox"/> Family Preservation <input type="checkbox"/> None	
Interest or Referral Needed (Please indicate area(s) of need):			
<input type="checkbox"/> Medical <input type="checkbox"/> Healthy Relationships <input type="checkbox"/> ECKAN Services	<input type="checkbox"/> Mental Health <input type="checkbox"/> Basic Needs <input type="checkbox"/> Child Care	<input type="checkbox"/> Special Education <input type="checkbox"/> Education <input type="checkbox"/> Other: _____	<input type="checkbox"/> Transportation <input type="checkbox"/> None
Parent Signature:		Date:	
Parent Signature:		Date:	
Staff Signature:		Date:	

ADMINISTRATION USE:

Child Health Risk

- None
- Chromosomal abnormality (Down Syndrome)
- Cleft lip or palate
- Congenital birth defect (myelomeningocele)
- Congenital syndrome (fetal alcohol syndrome)
- HIV
- Medically fragile
- Sensory impairment
- Other (specify): _____

Environmental Factors

- None
- Documented child abuse/neglect
- Parent incarcerated
- Pregnant mom
- Domestic violence
- Parent in need of GED/diploma
- Parent disabled

March 2017