People Incorporated of Virginia
Child and Family Development
Enrollment Application

County of Residence:	**Head Start___ Early Head Start____ Home Based___ Daycare_____**		**Application Date:**
Child' Legal Name (First, Middle, Last):	**DOB:**	**Gender:**	**Last 4 SSN:**
Race: Black____ White____ Hispanic_____ American Indian_____ Asian_____ Pacific Islander_____ Multi_____	**Ethnicity:** Hispanic/Latino_____ Non Hispanic/ Latino_____	**Language Spoken in Home:** English___ Spanish____ Other_____ **Interpreter Needed:** Yes___ No_____	
Legal Residence Address:	**City:**	**State:**	**Zip Code:**
Mailing Address:	**City:**	**State:**	**Zip Code:**
Lives in Established Bus Route: **Yes____ No____**	**If no, can you transport to meeting location:** **Yes____ No____ Explain_____**		
Please List Previous Childcare Centers Attended:			
Previously Applied for Program:	**Previously Enrolled in Program:**	**Sibling in EHS/HS:**	
How did you hear about program?			

Medical Information			
Disability Status: Diagnosed_____ Suspected/Concern_____ None___		**Documentation Provided:** IEP___ IFSP___ Evaluation/Doctor's Note___	
Area of Concern: Vision____ Developmental____ Hearing_____ Speech____ Other_____			
Medical Concerns:	**Medical Diagnosis:**	**Prescribed Medication or Medical Equipment**	
Nutrition Concerns:	**Special Diet:**		
Diagnosed Allergies:_____ **Steps to Take if Allergic Reaction or Contact with Allergen Occurs:**		**Diagnosed Asthma:**	
Medical Doctor Name:	**Dentist Name:**		
Insurance Name & Number:	**Dental Insurance Name & Number:**		

Emergency Contact Information-Required			
Name	**911 Address:** **City, State, Zip:**	**Telephone #**	**Relationship to Child**
Name	**911 Address:** **City, State, Zip:**	**Telephone #**	**Relationship to Child**

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Family Information					
Child Lives With: One Parent__ Two Parents__ Legal Guardian__ Foster__ Other_____		**Family in Military:**	**U.S. Veteran:**	**Family is Homeless:**	
Mother's Name		**DOB:**	**Marital Status:**	**Gender:**	**Last 4 SSN:**
Highest Grade Completed:	**Occupation:**	**Race:**		**Language Spoken:**	
Mother's Telephone Numbers: **Home:_____ Cell:_____ Work:_____**					
Father's Name		**DOB:**	**Marital Status:**	**Gender:**	**Last 4 SSN:**
Highest Grade Completed:	**Occupation:**	**Race:**		**Language Spoken:**	
Father's Telephone Numbers: **Home:_____ Cell:_____ Work:_____**					
Guardian's Name		**DOB:**	**Marital Status:**	**Gender:**	**Last 4 SSN:**
Highest Grade Completed:	**Occupation:**	**Race:**		**Language Spoken:**	
Guardian's Telephone Numbers: **Home:_____ Cell:_____ Work:_____**					

Other Members in Household Supported by Head of Household					
Name:	**DOB:**	**Gender:**	**Race:**	**Relationship to Child:**	**Last 4 SSN:**

I certify that all of the above information is true and correct and that all income is reported and the client resides in the specified county. I understand that this information is being given to determine eligibility for a Federal Program and will be verified for accuracy. I understand that deliberate misrepresentation of this information may subject me to corrective actions under applicable state and federal laws.

Parent/Guardian Signature: _____ Date: _____

Email Address: _____ I do not want to be contacted by email ☐

I do not want to be contacted by text message ☐ **"People Incorporated nor its staff are responsible for charges incurred"**