KinderWaitlist Application

	rked with *		
* Print Full Name:		Date:	
* Address:			
Street		Apartment/Unit	
City	State	Zip Code	
* Language:	* Date of Birth:	* Gender: DF DM	
Social Security Number:	Declined to provide	de SSN 🗌	Parent
Home Number: ()	Work Number: ()	Cell Number: ()	
Best time to be called: ☐Morni	ing □Afternoon □Evening *	Okay to call work phone: Yes No	-
Email Address:	Zip Code	of area child care is preferred	
* Single Parent: Yes No	* Married: Yes No	* Speak English ☐Yes ☐No	
Ethnicity: American Indian or	Alaskan Native ☐Asian ☐Bla	ck or African American ☐Caucasian	
☐ Native Hawaiian or Other Pa	acific Islander		
	Household Informat	ion	
	riousenoia illiorillat	.ioii	
Required fields are mai	rked with *		
·	rked with *	Date:	
Print Full Name:			
* Print Full Name: * Address: Street		Apartment/Unit	
* Print Full Name:* * Address: Street	State	Apartment/Unit Zip Code	
* Print Full Name:* * Address: Street		Apartment/Unit Zip Code	
* Print Full Name: * Address: Street City * Language:	State	Apartment/Unit Zip Code * Gender: □F □M	
* Print Full Name: * Address: Street City * Language: Social Security Number:	State* Date of Birth: Declined to provide	Apartment/Unit Zip Code * Gender: □F □M	aicili
* Print Full Name: * Address: Street City * Language: Social Security Number: Home Number: ()	State* Date of Birth: Declined to provid Work Number: ()	Apartment/Unit Zip Code * Gender: □F □M de SSN □	מיפוונ
Print Full Name: Address: Street City Language: Social Security Number: Home Number: () Best time to be called:Morni	State* Date of Birth: Declined to providWork Number: () ing	Apartment/Unit Zip Code * Gender: □F □M de SSN □ Cell Number: ()	ומופוונ ד
* Print Full Name: * Address: Street City * Language: Social Security Number: Home Number: () Best time to be called:	State* Date of Birth: Declined to providWork Number: () ing	Apartment/Unit Zip Code * Gender: □F □M de SSN □ Cell Number: ()	מיפוונ
* Print Full Name: * Address: Street City * Language: Social Security Number: Home Number: () Best time to be called:	State* Date of Birth: Declined to provioWork Number: () ing	Apartment/Unit Zip Code * Gender: □F □M de SSN □ Cell Number: () Okay to call work phone: □Yes □No	

		Par	ent 1 Activi	ty					
☐ Employment			∏Reti	red Careg	iver Age 65	and Ove	er		
☐Education or Train	ing		□TAF	DC Recip	ient/Housel	hold		ارچ	1
Special Need of Cl	hild		□Rec	eiving Ser	vices from	DCF		Parent	ı
☐Special Need of Pa	arent		□See	king Empl	oyment			=	
		Par	ent 2 Activi	ty					
☐Employment			∏Reti	red Careg	iver Age 65	and Ove	er		ì
☐Education or Train	ing		□TAF	DC Recip	ient/Housel	hold		ס	1
Special Need of Cl	hild		□Rec	eiving Ser	vices from	DCF		Parent	ì
☐Special Need of Pa	arent		□See	king Empl	oyment			1t 2	
	Emp	oloyment / 1	raining Det	ails (Pare	ent 1)				l
Please Circle One:	Employ	ment	Educat	ion	Training				
Name of Location:									1
Address:Street			City			State	Zip Code	Parent	1
Schedule:			City		,	State	Zip Code		1
Mon	Tue	Wed	Thurs	Fri	Sat	Sun			1
Start time:				_	<u> </u>				1
End time:									1
	-		raining Det	-					ı
Please Circle One:	Employ		Educat		Training				1
Name of Location:									1
A . I . I						24-4-	7' 0 1	P	
Address: Street			City		5	State	Zip Code		
			City		\$	state	Zip Code	rent	
Street	Tue	Wed	City	Fri	Sat	Sun	·	Parent 2	

	Par	rent Income (Parent 1)				
Income Type	Gross Monthly	Income Type	Gross Monthly			
Other	\$	☐Federal Ben	efit \$		_	1
□Employment	\$	☐Child Suppo	ort \$		Parent	
Self Employment	\$	☐Housing	\$		nt 1	- 1 - 1
☐TANF / TAFDC	\$	□ssı	\$		-	
☐Food Stamps	\$	☐Child Suppo	ort Paid (Subtracted) \$			
	Par	rent Income (Parent 2)				
Income Type	Gross Monthly	Income Type	Gross Monthly			
Other	\$	☐Federal Ben	efit \$			
□Employment	\$	☐Child Suppo	ort \$		Parent	
☐Self Employment	\$	☐Housing	\$		ent	
☐TANF / TAFDC	\$	□ssı	\$		2	
☐Food Stamps	\$	☐Child Suppo	ort Paid (Subtracted) \$			
		Child Information				
Required fields are ma	arked with *			_		
* This Child Requires (Care:	Family Type: Natur	al			
* First Name:		Middle Name:	Last			
☐No middle name	* Date of Birth:/_	/ * Ger	nder:			
School District:		School Currently Attend	ing:			
Current School Grade:	: Social Security	Number:	Declined to provide SSN		Chil	1
Ethnicity: American	Indian or Alaskan Native	e ∐Asian ∐Black o	r African American Caucasian		Child #	
☐Native Hawaiian or	Other Pacific Islander	□Other			_	
Childs Needs and Sc	hedule:					
Needs	s (select if applicable):	☐Special Need	□Evening			
Scheo	dule (select one or more):	: □Full Time	□Weekend			
		☐Part Time	☐ Overnight	L		لــــــــــــــــــــــــــــــــــــــ
Date Child Care is nee	adad:					

Priority Codes for child needing care:	
☐ General Priority ☐ Child of Foster Care ☐ Grandparent/Guardian Families ☐ Parent with Special Needs ☐ Homeless Family ☐ Child of Military Personnel ☐ Child of Teen Parent ☐ Child with Special Needs ☐ Continuity of Care: Aging out ☐ Continuity of Care: Approved Break in Service ☐ Continuity of Care: Geographic Relocation ☐ Continuity of Care: Homeless Contract ☐ Continuity of Care: NTCC ☐ Continuity of Care: Supportive Referral ☐ Continuity of Care: Teen Parent Contract ☐ Sibling: Contract ☐ Sibling: Voucher ☐ Summer only care	
Preferred Program: ☐ IE ☐ DHCD/DTA Shelter ☐ Teen Parent ☐ Head Start ☐ DCF Supportive ☐ Early Head Start ☐ Homeless Preferred Child Care Provider:	
Child Information Required fields are marked with *	
* This Child Requires Care:	_
* First Name:Middle Name:Last	
□No middle name * Date of Birth:/ * Gender: □Female □Male	
School District: School Currently Attending:	
Current School Grade: Social Security Number: Declined to provide SSN	
Ethnicity: American Indian or Alaskan Native Asian Black or African American Caucasian	
□ Native Hawaiian or Other Pacific Islander □ Other □ Other □ Other	
Childs Needs and Schedule:	
Needs (select if applicable): ☐Special Need ☐Evening	
Schedule (select one or more):	
☐Part Time ☐Overnight	
Date Child Care is needed:	
Priority Codes for child needing care:	
☐ General Priority ☐ Child of Foster Care ☐ Grandparent/Guardian Families ☐ Parent with Special Needs ☐ Homeless Family ☐ Child of Military Personnel ☐ Child of Teen Parent ☐ Child	
with Special Needs	

of Care: NTCC Continuity of Care: Supportive Referral Continuity of Care: Teen Parent Contract	
☐ Sibling: Contract ☐ Sibling: Voucher ☐ Summer only care Preferred Program: ☐ IE ☐ DHCD/DTA Shelter ☐ Teen Parent ☐ Head Start ☐ DCF	
Supportive Early Head Start Homeless	
Preferred Child Care Provider:	
Child Information	
Required fields are marked with *	
* This Child Requires Care: Yes No Family Type: Natural Foster Guardian	
* First Name:Last	
□No middle name * Date of Birth:/ * Gender: □Female □Male	
School District: School Currently Attending:	
Current School Grade: Social Security Number: Declined to provide SSN	
Ethnicity: American Indian or Alaskan Native Asian Black or African American Caucasian	Child
□Native Hawaiian or Other Pacific Islander □Other	# 3
Childs Needs and Schedule:	
Needs (select if applicable): Special Need Evening	
Schedule (select one or more):	
Date Child Care is needed:	
Priority Codes for child needing care:	
☐ General Priority ☐ Child of Foster Care ☐ Grandparent/Guardian Families ☐ Parent with Special Needs ☐ Homeless Family ☐ Child of Military Personnel ☐ Child of Teen Parent ☐ Child with Special Needs ☐ Continuity of Care: Aging out ☐ Continuity of Care: Approved Break in Service ☐ Continuity of Care: Geographic Relocation ☐ Continuity of Care: Homeless Contract ☐ Continuity of Care: NTCC ☐ Continuity of Care: Supportive Referral ☐ Continuity of Care: Teen Parent Contract ☐ Sibling: Contract ☐ Sibling: Voucher ☐ Summer only care	
Preferred Program: ☐ IE ☐ DHCD/DTA Shelter ☐ Teen Parent ☐ Head Start ☐ DCF	
Supportive Early Head Start Homeless	
Preferred Child Care Provider:	

Application Received By: ______ Date: _____