



UNITING PEOPLE WITH OPPORTUNITIES

United Planning Organization Enrollment Application (Please print clearly)

Child's ChildPlus#, Application Date, Program Options, Age Group, Payment Options, Official Use Only (Received DT, Received By, Reviewed, CP DT, CP By)

Section I - Child to be enrolled

Form for child enrollment including fields for Name, Date of Birth, Gender, Future Elementary School, and Demographic Information for Child (Race, Hispanic, English Proficiency, etc.)

Note: If child lives with mother and father, they should be listed as the primary and secondary parent/guardian on this application. Otherwise, put responsible adult living with child.

Section II - Primary Parent/Guardian (lives with child)

Form for primary parent/guardian including fields for Name, Date of Birth, Gender, Teen Parent status, Contact Information, Employment Status, Child's Relationship, Custody, and Demographic Information for Primary Parent/Guardian

United Planning Organization  
Office of Early Learning Application

(Please print clearly)

Child's Name: \_\_\_\_\_  
Child's CP#: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Page 2 of \_\_\_\_\_

**Section III – Secondary Parent/Guardian** (lives with child)

Last Name	First Name	Middle Name and/or Suffix	Preferred Name
Date of Birth (month/day/year)	Gender ___ Male ___ Female	Teen Parent (yes/no)	

**Contact Information for Secondary Parent/Guardian**

Living Address (1 or 2 lines for number, street and apartment)		Mailing Address (only if different than Living Address)	
City, State, Zip		WARD #	City, State, Zip
Home Phone	Work Phone	Mobile Phone	Email Address

Highest Grade Completed	Employment Status	Child's Relationship	Custody	Check all that apply:	
<input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Col Deg/Train <input type="checkbox"/> Col or Adv Train <input type="checkbox"/> GED	<input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> < Grade 9 <input type="checkbox"/> HS Graduate <input type="checkbox"/> Master's	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed	<input type="checkbox"/> Full Time & Trg. <input type="checkbox"/> Part Time & Trg. <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Natural/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Parent lives w/ Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent  If teen parent subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Demographic Information for Secondary Parent/Guardian**

Race	Hispanic	English Proficiency	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other:: _____	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient

**Section IV – Family/Household Information**

Child lives with ___ No Parent ___ One Parent/Guardian ___ Two Parents/Guardian	How many <u>family members</u> are living with child? (such as uncle/aunt, parent, guardian, grandparents, etc.)	How many <u>children</u> in the family living with child? ___ Total Children Ages Birth to 18 ___ Number of Children Ages Birth to 3 ___ Number of Children Ages 4 to 5
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**Family Members (do not include parent/guardian and child listed above)**

Name	Relationship to Child	Date of Birth (month/day/year)	School/Current Grade or Occupation	Living with Family? (y/n)	Provides Financial Support? (y/n)

United Planning Organization  
**Office of Early Learning Application**

(Please print clearly)

Child's Name: \_\_\_\_\_  
Child's CP#: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_  
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**Section V – Government Funding Information**

To be considered for Head Start/Early Head Start and/or DHS (District of Columbia), please indicate which of the following services your family receives. (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Medical financial assistance (i.e. Medicaid/Medicare/Chartered) Insurance #: _____ | <input type="checkbox"/> Unemployment Insurance    |
| <input type="checkbox"/> Public assistance/Welfare (i.e. TANF)  | <input type="checkbox"/> Public Housing Assistance |
| <input type="checkbox"/> Food Stamps#: _____  | <input type="checkbox"/> Energy Program Assistance |
| <input type="checkbox"/> Women, Infants, & Children (WIC)#: _____   | <input type="checkbox"/> Child support/alimony     |
| <input type="checkbox"/> Supplemental Security Income (SSI)   | <input type="checkbox"/> OSSE Voucher              |
| <input type="checkbox"/> Foster care/Adoption subsidy   | <input type="checkbox"/> Other/Specify _____       |

**Section VI – Developmental Information**

Do you have any concerns about your child or children? If yes, please explain.

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**Section VII – Certification**

I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subjected to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature:

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name (Parent/Guardian)

Official Use Only		
_____ Signature _____ Date _____ Print Name (Site Directors Eligibility & Data Manager)		
_____ Signature _____ Date _____ Print Name (Eligibility & Data Manager)		
_____ Signature _____ Date _____ Print Name (Family Service)		

United Planning Organization  
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(Please print clearly)

Child's Name: \_\_\_\_\_  
Child's CP#: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

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**Addendum 1 – Additional Child**  To Be Enrolled  Not Enrolled

Child's CP#: \_\_\_\_\_

Last Name	First Name	Middle Name and/or Suffix	Preferred Name
Date of Birth (month/day/year)	Gender ___ Male ___ Female	Future Elementary School	

**Demographic Information for Child**

Race	Hispanic	English Proficiency	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> Yes	<input type="checkbox"/> None	_____
<input type="checkbox"/> Black	<input type="checkbox"/> No	<input type="checkbox"/> Little	<input type="checkbox"/> Poor
<input type="checkbox"/> White		<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate
<input type="checkbox"/> Other:: _____		<input type="checkbox"/> Proficient	<input type="checkbox"/> Proficient

Do you have any concerns about your child or children? If yes, please explain. \_\_\_\_\_

**Addendum 2 – Additional Child**  To Be Enrolled  Not Enrolled

Child's CP#: \_\_\_\_\_

Last Name	First Name	Middle Name and/or Suffix	Preferred Name
Date of Birth (month/day/year)	Gender ___ Male ___ Female	Future Elementary School	

**Demographic Information for Child**

Race	Hispanic	English Proficiency	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> Yes	<input type="checkbox"/> None	_____
<input type="checkbox"/> Black	<input type="checkbox"/> No	<input type="checkbox"/> Little	<input type="checkbox"/> Poor
<input type="checkbox"/> White		<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate
<input type="checkbox"/> Other:: _____		<input type="checkbox"/> Proficient	<input type="checkbox"/> Proficient

Do you have any concerns about your child or children? If yes, please explain. \_\_\_\_\_

**Addendum 3 – Additional Child**  To Be Enrolled  Not Enrolled

Child's CP#: \_\_\_\_\_

Last Name	First Name	Middle Name and/or Suffix	Preferred Name
Date of Birth (month/day/year)	Gender ___ Male ___ Female	Future Elementary School	

**Demographic Information for Child**

Race	Hispanic	English Proficiency	Other Language Proficiency
<input type="checkbox"/> Asian	<input type="checkbox"/> Yes	<input type="checkbox"/> None	_____
<input type="checkbox"/> Black	<input type="checkbox"/> No	<input type="checkbox"/> Little	<input type="checkbox"/> Poor
<input type="checkbox"/> White		<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderate
<input type="checkbox"/> Other:: _____		<input type="checkbox"/> Proficient	<input type="checkbox"/> Proficient

Do you have any concerns about your child or children? If yes, please explain. \_\_\_\_\_

**Parent/Guardian Signature:**

\_\_\_\_\_  
Print Name (Parent/Guardian)                      Signature (Parent/Guardian)                      Date