



Berkeley-Albany YMCA
EARLY CHILDHOOD SERVICES
 2009 Tenth Street • Berkeley • CA • 94710
 510.848.9092 • fax 510.848.0103 • www. baymca.org

ENROLLMENT APPLICATION

PLEASE USE BLUE OR BLACK INK AND PRINT LEGIBLY

Child's Last Name		First Name		Preferred Name (Nickname)	
Date of Birth		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Social Security # (optional)	
Child's Race (Select all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> American Indian or Alaskan Native			Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unspecified		Child's Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic
Child's Doctor (Name/Phone)			Child's Dentist (Name/Phone)		Child's Health Insurance <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Healthy Families <input type="checkbox"/> Private <input type="checkbox"/> None Medical #:
How did you hear about Head Start? <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Media <input type="checkbox"/> Other (specify)					
Primary Parent/Guardian Name (child lives with) <i>First Last</i>			Birth Date / /		Relationship to child
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security #	Highest Grade Completed <input type="checkbox"/> Less than HS <input type="checkbox"/> HS Grad/GED <input type="checkbox"/> Some College, AA Deg. <input type="checkbox"/> Bachelor or Adv. Deg.		Employment Status <input type="checkbox"/> Employed & Training <input type="checkbox"/> Employed <input type="checkbox"/> Training <input type="checkbox"/> Unemployed	
Secondary Parent/Guardian Name (child lives with) <i>First Last</i>			Birth date / /		Relationship to child
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security #	Highest Grade Completed <input type="checkbox"/> Less than HS <input type="checkbox"/> HS Grad/GED <input type="checkbox"/> Some College, AA Deg. <input type="checkbox"/> Bachelor or Adv. Deg.		Employment Status <input type="checkbox"/> Employed & Training <input type="checkbox"/> Employed <input type="checkbox"/> Training <input type="checkbox"/> Unemployed	
Child's Living Address			City		Zip Code
Home Phone <input type="checkbox"/> Primary () ()	Cell Phone <input type="checkbox"/> Primary () ()	Message Phone <input type="checkbox"/> Primary () ()		Number in Household	
Number in Family		Number of Children		Parental Status: <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parents	
Primary Language spoken in the home:			Does Child Speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No		
FAMILY ANNUAL GROSS INCOME		Do you receive TANF or CalWorks? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Do you receive Supplemental Security Income (SSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Do you receive WIC? <input type="checkbox"/> Yes <input type="checkbox"/> No WIC #			
FAMILY INCOME -Include all sources of income for each adult living in the home that provides financial support for the child. Include any salary/wage, self-employment, disability, unemployment, worker's compensation, child support and alimony.					
First and Last Name <i>Enter Primary Adult First</i>		Relationship to Child	Source of Income	Amount	Frequency Paid (hourly, weekly, 2x Mo, every other week)

FAMILY MEMBER INFORMATION

List all family members who are financially supported by parent or guardian of the applying child and are related by blood, marriage or adoption.

Name of Other Children and Family Members Living in your Home	Birth Date	Relationship to Child	Family Member	Gender
			<input type="checkbox"/> Adult <input type="checkbox"/> Child	<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Adult <input type="checkbox"/> Child	<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Adult <input type="checkbox"/> Child	<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Adult <input type="checkbox"/> Child	<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Adult <input type="checkbox"/> Child	<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Adult <input type="checkbox"/> Child	<input type="checkbox"/> Male <input type="checkbox"/> Female

I certify that all the information I provide on this application is accurate to the best of my knowledge.

Parent/Guardian Signature _____

Date: _____



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Child's Name: _____ | DOB: _____

Additional Information

Does your child have sibling(s)/family member(s) currently enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No Center(s)-		Does your child have a Medical/Health concern/condition that requires special care, i.e., Asthma, Diabetes allergies, etc.? <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify)	
Will you need services past 12:30 pm daily? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you need services past 2:30 pm daily? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does child have a diagnosed disability or special need with an IEP or IFSP? <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify) Please attach copy of IEP or IFSP	
Housing Status- check all that apply to you or the child: <input type="checkbox"/> Living in a shelter <input type="checkbox"/> Living in a car/vehicle <input type="checkbox"/> Living with a friend/relative due to economic hardship (Attach Verification)		Does your family have an active CPS (Child Protective Services) case? <input type="checkbox"/> Yes <input type="checkbox"/> No (please attach documentation from social worker)	
Were you referred to Head Start/EHS by a community agency? <input type="checkbox"/> Yes <input type="checkbox"/> No (If so, please attach documentation)			
Name of Agency:			
Are you (and/or your partner, if applicable) a Parent/Guardian with a diagnosed disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Specify and provide verification:</i>			
What type of transportation do you use? <input type="checkbox"/> Private Vehicle <input type="checkbox"/> Family/Friend Vehicle <input type="checkbox"/> Public Transportation			
Are you an employee of BAYMCA Head Start/Early Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No Position			
Are you related to an employee of BAYMCA Head Start/Early Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No			
e-mail address:			
Center Preference		1st Choice	2nd Choice
3rd Choice			
Non-Discrimination Policy <i>The Berkeley-Albany YMCA prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, sexual orientation, ethnic group identification, ancestry, political beliefs, mental or physical disability, or any legally protected status. The YMCA welcomes children of all abilities including children with special needs. At least 10% of enrollment opportunities are reserved for children with diagnosed special needs.</i>			

Office Use Only

Child's Birth Certificate	Date Rec'd:	By:	Immunization Record	Date Rec'd:	By:
Disability Documentation	Date Rec'd:	By:	Custody Papers	Date Rec'd:	By:
Proof of Residence	Date Rec'd:	By:	Income Verification	Date Rec'd:	By:
Notice of Action (CalWorks)	Date Rec'd:	By:	Homeless Verification	Date Rec'd:	By:
Application completed with supporting verification on			Date:		
Staff Signature:			Date:		