



APPLICATION FOR CHILD PLACEMENT

Center: _____

Enrollment Date: _____

Child's Name: _____ M / F Birth Date: _____ Child's Name: _____ M / F Birth Date: _____

Child's Name: _____ M / F Birth Date: _____ Child's Name: _____ M / F Birth Date: _____

PRIMARY HOUSEHOLD

Referring Agency (if applicable) _____

Parent/Guardian's Name: _____ Relationship to Child: _____

Address: _____ Zip: _____ Mailing Address _____ Physical Address _____ School District _____

Date of Birth: _____ Last 4 digits of SS# _____ Married _____ Single _____ Divorced _____ Separated _____ Widowed _____

Home Phone #: _____ Cellular #: _____ Carrier _____ E-mail Address: _____

Place of Employment: _____ Employer's Address: _____ Zip: _____ Work Phone #: _____

Other Adult's Name (In Household): _____ Relationship to Child: _____

Date of Birth: _____ Married _____ Single _____ Divorced _____ Separated _____ Widowed _____

Place of Employment: _____ E-mail Address: _____ Cellular #: _____ Carrier _____

Employer's Address: _____ Zip: _____ Work Phone #: _____ Emergency Contact _____ Authorized to Pick-up _____

Other Children in the Household:

Child's Name: _____ Relationship to Enrolling Child: _____ Age _____ School Attending _____

Child's Name: _____ Relationship to Enrolling Child: _____ Age _____ School Attending _____

Child's Name: _____ Relationship to Enrolling Child: _____ Age _____ School Attending _____

Please select the description that best fits your family:

_____ Family Size _____ Two-Parent Family _____ Single-Parent Family, Mother _____ Single-Parent, Mother Living with Partner

_____ Single-Parent Family, Father _____ Single-Parent, Father Living with Partner _____ Legal Guardian of Enrolled Child _____ Foster Family

_____ Active Duty Military _____ Former Military

SECONDARY HOUSEHOLD (If Applicable)**Parent/Guardian's Name:** _____ Relationship to Child: _____ Date of Birth: _____

Last 4 digits of SS# _____ Additional Payer on the account Yes / No Married _____ Single _____ Divorced _____ Separated _____ Widowed _____

Address: _____ Zip: _____ Mailing Address _____ Physical Address _____

Home Phone #: _____ Cellular #: _____ Carrier _____ E-mail Address: _____

Place of Employment: _____ Emergency Contact _____ Authorized to Pick-up _____

Employer's Address: _____ Zip: _____ Work Phone #: _____ (Continues on the back)

EMERGENCY CONTACTS AND/OR AUTHORIZED TO PICK UP YOUR CHILDREN

MUST HAVE PHOTO ID AND BE AT LEAST 18 YEARS OF AGE

Name: _____ Relationship to Child: _____

Address: _____ Zip: _____ Emergency Contact _____ Authorized to Pick-up _____

Home Phone #: _____ Work Phone #: _____ Cellular #: _____

Name: _____ Relationship to Child: _____

Address: _____ Zip: _____ Emergency Contact _____ Authorized to Pick-up _____

Home Phone #: _____ Work Phone #: _____ Cellular #: _____

Name: _____ Relationship to Child: _____

Address: _____ Zip: _____ Emergency Contact _____ Authorized to Pick-up _____

Home Phone #: _____ Work Phone #: _____ Cellular #: _____

Initial

_____ I acknowledge that I have received and will abide by the policies and procedures in the Family Handbook.

Parent/Sponsor/Guardian

Date

Parent/Sponsor/Guardian

Date

Center Administration

Date

Enrollment Survey

How did you hear about Early Connections Learning Centers?

___ Colorado Shines ___ C-CCAP ___ Driving by ___ Friend ___ Website/Internet Search ___ Facebook ___ 211 ___ Head Start ___ School ___ Magazine/Newspaper ___ Other:

Why did you choose Early Connections Learning Centers?

___ Close to Work ___ Close to Home ___ Know another family enrolled here ___ Hours of operation ___ Curriculum ___ Affordability ___ Other: _____

Parent Referral: Did an Early Connections parent refer you? Name: _____