

KinderWaitlist Application

Household Information

Required fields are marked with *

* Print Full Name: _____ Date: _____

* Address: _____
Street Apartment/Unit

City State Zip Code

* Language: _____ * Date of Birth: _____ * Gender: F M

Social Security Number: _____ - _____ - _____ Declined to provide SSN

Home Number: (____) _____ - _____ Work Number: (____) _____ - _____ Cell Number: (____) _____ - _____

Best time to be called: Morning 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 Black or African American Caucasian

Native Hawaiian or Other Pacific Islander Other

Parent 1

Household Information

Required fields are marked with *

* Print Full Name: _____ Date: _____

* Address: _____
Street Apartment/Unit

City State Zip Code

* Language: _____ * Date of Birth: _____ * Gender: F M

Social Security Number: _____ - _____ - _____ Declined to provide SSN

Home Number: (____) _____ - _____ Work Number: (____) _____ - _____ Cell Number: (____) _____ - _____

Best time to be called: Morning 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 Black or African American Caucasian

Native Hawaiian or Other Pacific Islander Other

Parent 2

Parent 1 Activity

- Employment
- Education or Training
- Special Need of Child
- Special Need of Parent
- Retired Caregiver Age 65 and Over
- TAFDC Recipient/Household
- Receiving Services from DCF
- Seeking Employment

Parent 1

Parent 2 Activity

- Employment
- Education or Training
- Special Need of Child
- Special Need of Parent
- Retired Caregiver Age 65 and Over
- TAFDC Recipient/Household
- Receiving Services from DCF
- Seeking Employment

Parent 2

Employment / Training Details (Parent 1)

Please Circle One: Employment Education Training

Name of Location: _____

Address: _____
Street City State Zip Code

Schedule:

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Start time:	_____	_____	_____	_____	_____	_____	_____
End time:	_____	_____	_____	_____	_____	_____	_____

Parent 1

Employment / Training Details (Parent 2)

Please Circle One: Employment Education Training

Name of Location: _____

Address: _____
Street City State Zip Code

Schedule:

	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Start time:	_____	_____	_____	_____	_____	_____	_____
End time:	_____	_____	_____	_____	_____	_____	_____

Parent 2

Parent Income (Parent 1)

Income Type	Gross Monthly	Income Type	Gross Monthly
<input type="checkbox"/> Other	\$ _____	<input type="checkbox"/> Federal Benefit	\$ _____
<input type="checkbox"/> Employment	\$ _____	<input type="checkbox"/> Child Support	\$ _____
<input type="checkbox"/> Self Employment	\$ _____	<input type="checkbox"/> Housing	\$ _____
<input type="checkbox"/> TANF / TAFDC	\$ _____	<input type="checkbox"/> SSI	\$ _____
<input type="checkbox"/> Food Stamps	\$ _____	<input type="checkbox"/> Child Support Paid (Subtracted) \$	_____

Parent 1

Parent Income (Parent 2)

Income Type	Gross Monthly	Income Type	Gross Monthly
<input type="checkbox"/> Other	\$ _____	<input type="checkbox"/> Federal Benefit	\$ _____
<input type="checkbox"/> Employment	\$ _____	<input type="checkbox"/> Child Support	\$ _____
<input type="checkbox"/> Self Employment	\$ _____	<input type="checkbox"/> Housing	\$ _____
<input type="checkbox"/> TANF / TAFDC	\$ _____	<input type="checkbox"/> SSI	\$ _____
<input type="checkbox"/> Food Stamps	\$ _____	<input type="checkbox"/> Child Support Paid (Subtracted) \$	_____

Parent 2

Child Information

Required fields are marked with *

* This Child Requires Care: Yes No Family Type: Natural Foster Guardian

* 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

Child # 1

Childs Needs and Schedule:

Needs (select if applicable): Special Need Evening

Schedule (select one or more): Full Time Weekend

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
- 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: Yes No Family Type: Natural Foster Guardian

* 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

Childs Needs and Schedule:

Needs (select if applicable): Special Need Evening

Schedule (select one or more): Full Time Weekend

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
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- Child of Teen Parent
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- Continuity of Care: Aging out
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- 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

Child # 2

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: _____ 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

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Native Hawaiian or Other Pacific Islander Other

Childs Needs and Schedule:

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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:** _____

Child # 3