Birth Certificate # _____ Verified By _____

Parent-Child Development Corporation
Tri-Rivers Center

Smart Start **All Stars**

Date _____

Child's Legal Name, Last _____ First _____ Middle _____

Date of Birth ___/___/___ Race ***B W H N O*** Sex ***M F*** Language ***English Other*** _____ School Grade _____

Preferred Name/Nickname _____ Family Last Name _____ Child's Social Security # _____

Street Address (911) _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____

Mother's Name _____ Work Phone _____ Cell Phone/Other _____

Mother's Street Address _____ City _____ State _____ Zip _____

Mother's Place of Employment _____

Father's Name _____ Work Phone _____ Cell Phone/Other _____

Father's Street Address _____ City _____ State _____ Zip _____

Father's Place of Employment _____

Legal Guardian's Name _____ Work Phone _____ Cell Phone/Other _____

Legal Guardian's Street Address _____ City _____ State _____ Zip _____

Legal Guardian's Place of Employment _____

Child lives with ***Mother and Father*** ***Mother Only*** ***Father Only*** ***Foster*** ***Other (Explain)*** _____

Does this child have any allergies? ***Y N*** If yes, we must have a statement from your doctor, stating the allergies and the treatment for them.

Is this child toilet trained? ***Y N***

Emergency Contacts (Other Than Parents)

Name _____ Phone _____ Relationship to Child _____

Street Address (911) _____ City _____ State _____ Zip _____

Name _____ Phone _____ Relationship to Child _____

Street Address (911) _____ City _____ State _____ Zip _____

Release Child To:

Name _____ Name _____

Relationship Relationship

Name _____ Name _____

Relationship Relationship

Do Not Release Child To:

_____

_____

Continued On Reverse Side

Childs Name _____

Has any other child in this family been enrolled in this program before? ***Y N*** When? _____ Child's year in this program _____

Has this child been enrolled in any other preschool or day care? ***Y N*** Name of Facility _____

Will this child be receiving childcare services in addition to this program? ***Y N*** Where _____ When _____

Was this child referred to this program? ***Y N*** By Whom? _____ Why? _____

Does this child have a disability or special need? ***Y N*** Suspected If disability has been diagnosed, give date and source _____

_____

Family Information

Total # of persons living in home _____ # of immediate family members living in home _____

Total # of children living in home _____ # of children 6 years or under living in home _____

Do you receive TANF? ***Y N***

Any specific family need or crisis? Y N Describe _____

_____

Adults
(List all adult family members, beginning with head of family)

First and Last Name of Adults in Home	Relationship to Child	Date of Birth	Sex M or F	Education (Last Grade Completed)	Employed Yes or No	Occupation
1.						
2.						
3.						
4.						

Children
(List Program Applicant First, Then Other Children)

First and Last Name of Children in Home	Relationship to Child	Date of Birth	Sex M or F	First and Last Name of Children in Home	Relationship to Child	Date of Birth	Sex M or F
1.				1.			
2.				2.			
3.				3.			
4.				4.			

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 subject 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 _____ Date _____