



Application for Enrollment

After the initial phone call/or visit to the Center in which parents are given information regarding the Center, if they are interested, they are given the Application for Enrollment form. After this is returned, an interview with the Center Director, the parents and the child/children is arranged. At this interview, if all questions are answered to everyone's satisfaction and it's determined that the Center can meet the needs of the child/children then a full registration packet will be given to the parents to complete. This packet contains the California State Licensing Required Forms for enrollment plus the Center Parent Handbook other required forms. The enrollment will be considered complete once all completed forms and fees have been received and the \$50 enrollment fee is paid. An additional 30 days is allowed for completion of the Physician's Report.

Child's Information:

Child's Full Legal Name: _____

Nickname: _____

Date of Birth: _____ Age: _____ Gender: _____

Tribal Affiliation (if any): _____

Mother's Information:

Mother's Name: _____

Mother's Address: _____

Home Number: _____ Cell Number: _____

Email: _____

Work Address: _____

Work Number: _____

Father's Information:

Father's Name: _____

Father's Address: _____

Home Number: _____ Cell Number: _____

Email: _____

Work Address: _____

Work Number: _____

In addition to the substantial funds from the Buena Vista Rancheria, we receive funding from the U.S. Department of Housing and Urban Development. One of the requirements to receive these funds is collecting the household income of children served.

Please indicate the number of family member included in the family income: _____

Number of Adults: _____ Number of Children: _____

Annual Income of the Family: _____

If paid weekly (amount x 52) = Annual Income of Family

If paid every other week (amount x 26) = Annual Income of Family

If paid monthly (amount x 12) = Annual Income of Family

If paid twice a month (amount x 24) = Annual Income of Family

Do you rent or own your own home? Rent _____ Own _____

Father's Occupation: _____

Mother's Occupation: _____

Is there any pertinent information about your child's general health or personal history that we should know? If so, please explain:

Does your child have any siblings? Please state names and ages:

Do you have any concerns about your child's speech or language development?

Does your child have any allergies? If so, what?

Do you have any special concerns about your child that we should know? If so, please explain:

What is your evaluation of your child's development?

What is your evaluation of your child's personality?

How did you hear about our center? If someone referred you please state name.

Parents or Guardians Please Sign Below,

Signature

Date

Signature

Date