



# Universal Pre-Kindergarten Child+ Application



Application Date: \_\_\_\_\_

Child's Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Gender: (Check One)  Male  Female  Nonbinary  Transgender  Unknown or Decline to Answer

Race: (Check One)  American Indian  Asian  Black or African American  Multi-racial/Biracial  
 Native Hawaiian/Other Pacific Islander  Other  Unspecified  White

Hispanic/Latino:  Yes  No

Child's Primary Language: (Check One)  English  African Language  American Sign Language  Arabic  Dutch  
 Far East Asian Language  French  Khmer  Korean  Middle Eastern Language  Other  Romanian  Russian  
 Spanish  Turkish  Vietnamese

Disability: (if applicable) \_\_\_\_\_ Check Any Plan Applicable:  IEP  IFSP  NCP

Primary Caregiver: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Gender: (Check One)  Male  Female  Nonbinary  Transgender  Unknown or Decline to Answer

Race: (Check One)  American Indian  Asian  Black or African American  Multi-racial/Biracial  
 Native Hawaiian/Other Pacific Islander  Other  Unspecified  White

Hispanic/Latino:  Yes  No

Child's Relationship: (Check One)  Biological/Adopted/Step  Foster  Grandchild  Other Relative  Other

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Primary Caregiver's Primary Language: (Check One)  English  African Language  American Sign Language   
Arabic  Dutch  Far East Asian Language  French  Khmer  Korean  Middle Eastern Language  Other   
Romanian  Russian  Spanish  Turkish  Vietnamese

<p><b>Primary Caregiver's Educational Level:</b> (Check One)</p> <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> College Degree/Training Cert. <input type="checkbox"/> College or Advance Training <input type="checkbox"/> General Education Diploma <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> Grade 9 or less <input type="checkbox"/> High School Graduate <input type="checkbox"/> Master's Degree	<p><b>Primary Caregiver's Employment Status:</b> (Check One)</p> <input type="checkbox"/> Full-time & Training <input type="checkbox"/> Full-time (35 hours/week or more) <input type="checkbox"/> Homemaker <input type="checkbox"/> Part-time & Training <input type="checkbox"/> Part-time (Under 35 hours/week) <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Training or School <input type="checkbox"/> Unemployed
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\*\*\*\*\*Secondary caregiver is not mandatory; however if you want to enter a secondary caregiver you have to enter all the same data as for a primary caregiver.

**Secondary Caregiver First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_ **Last:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Gender:** (Check One)  Male  Female  Nonbinary  Transgender  Unknown or Decline to Answer

**Race:** (Check One)  American Indian  Asian  Black or African American  Multi-racial/Biracial  
 Native Hawaiian/Other Pacific Islander  Other  Unspecified  White

**Hispanic/Latino:**  Yes  No

**Child's Relationship:** (Check One)  Biological/Adopted/Step  Foster  Grandchild  Other Relative  Other

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**Secondary Caregiver's Primary Language:** (Check One)  English  African Language  American Sign Language   
 Arabic  Dutch  Far East Asian Language  French  Khmer  Korean  Middle Eastern Language  Other   
 Romanian  Russian  Spanish  Turkish  Vietnamese

<p><b>Secondary Caregiver's Educational Level:</b> (Check One)</p> <p><input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> College Degree/Training Cert. <input type="checkbox"/> College or Advance Training <input type="checkbox"/> General Education Diploma <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> Grade 9 or less <input type="checkbox"/> High School Graduate <input type="checkbox"/> Master's Degree</p>	<p><b>Secondary Caregiver's Employment Status:</b> (Check One)</p> <p><input type="checkbox"/> Full-time &amp; Training <input type="checkbox"/> Full-time (35 hours/week or more) <input type="checkbox"/> Homemaker <input type="checkbox"/> Part-time &amp; Training <input type="checkbox"/> Part-time (Under 35 hours/week) <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Training or School <input type="checkbox"/> Unemployed</p>
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**Homeless Family:**  Yes  No

**Parental Status:** (Check One)  One Parent Family  Two Parent Family

**Family Income: \*** (required for families who receives scholarship) \$ \_\_\_\_\_

**Number in Family:** \_\_\_\_\_ **Number in Household:** \_\_\_\_\_