

Application for Child Care Program
Attached you will find a copy of the application for enrollment. Please complete the entire application, sign, date and return in the enclosed business reply envelope. Enrollment is based on the order which we receive the applications and if your family is currently or has been previously enrolled. In order to complete the application process the following information needs to be submitted:
Complete Application Form
Copy of your Child's Birth Certificate
Within 7-10 days of the enrollment office's receipt of your completed application packet, you will be notified by phone, mail or email to inform you of the status of your family's application. If the all supporting documentation is not submitted with the application, your family will not be put on the waiting list until it is received. If you are applying as a prenatal mother, please submit a copy of your child's birth certificate as soon as it is received.
Thank you for taking the time to apply for the Mayville State University Child Development Child Care Program. We look forward to receiving your application for review. If you have any questions or need any assistance with completing the application process, please email me at <a href="mayrillestate.edu">Amanda.Domier@mayvillestate.edu</a> (which is the most efficient way) or call at 800.437.4104 Ext 34868 or 701.788.4868.
Sincerely,
Mandi Domier Enrollment & Transportation Coordinator

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## Application for Enrollment

## Applicant Information (Child or Expectant Mother)

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₹!						
ant	First Name	Middle Initial	Last Name			
Applicant1	Date of Birth	Social Security #	Gender		Due Date (expectant mother)	
٩	Race	Native Country	Primary Language		Secondary Language	
	1					
ant2	First Name	Middle Initial	Last Name			
Applicant2	Date of Birth	Social Security #	Gender		Due Date (expectant mother)	
	Race	Native Country	Primary Language		Secondary Language	
cant3	First Name	Middle Initial	Last Name			
Applicant3	Date of Birth	Social Security #	Gender		Due Date (expectant mother)	
	Race	Native Country	Primary Language		Secondary Language	
Add	<b>ress</b> (where the applicar	nts are living) What	is the primary language at home	?		
Street	Para Adalasas		Town State	Zip Code	County	
iviai	ling Address (if diffe	rent)				
Street			Town State	Zip Code	County	
Tele	phone Numbers/	Email				
Ноте		Who should we call first?				
Cell (M	other)	Work (Mother)	Cell (Father)		Work (Father)	
Email a	ddress (mother)		Email address (father)			

Have any of the applicants been diagnosed with any of the following impairments or disabilities that would require special education and related services?

Applicant1		Applicant2		Applicant3		
Autism		Autism		Autism		
Emotional/Behavior (ADD/ADHD)		☐ Emotiona	/Behavior (ADD/ADHD)	☐ Emotional/Beh	avior (ADD/ADHD)	
Health		Health		☐ Health		
Hearing (including Deafness)		Hearing (including Deafness)		Hearing (including Deafness)		
Learning Disability		Learning Disability		Learning Disability		
☐ Mental Retarda	tion	☐ Mental Retardation		☐ Mental Retardation		
Multiple Disabil	ities	☐ Multiple Disabilities		☐ Multiple Disabilities		
Non-categorical [	Developmental Delay	Non-categorical Developmental Delay		Non-categorical Developmental Delay		
Orthopedic		Orthopedic		☐ Orthopedic		
Speech or Langu	uage	Speech or	Language	Speech or Language		
☐ Traumatic Brain	Injury	☐ Traumatio	Brain Injury	☐ Traumatic Brain Injury		
Visual (including B	Blindness)	☐ Visual (incl	uding Blindness)	Visual (including Blindness)		
Other :		Other :		Other :		
None diagnosed	d or suspected	☐ None diag	nosed or suspected	☐ None diagnose	d or suspected	
Date of diagnose and	any explanation	Date of diagnose and any explanation		Date of diagnose and any explanation		
Site Option		Site Option		Site Option		
Mayville	Hillsboro	☐ Mayville	Hillsboro	Mayville	Hillsboro	
McVille	☐ Central Valley	☐ McVille	Central Valley	☐ McVille	Central Valley	
☐ HPK (MWF)	☐ HPK (T/TH)	☐ HPK (MWF)	☐ HPK (T/TH)	☐ HPK (MWF)		
Which of the follow	Which of the following best describes the applicant's family (check one):					
	nily (married or comm	• •	Foster family			
_ ·	ather or father figure	•	Single parent (father/	(father figure) living	with partner	
	nother or mother fig	•	Single parent (mothe		•	
	at home with parents	• •	Other:	rymother ngarey m	No with partite.	
	it from the man parents	•				
# of adults (18 year	# of adults (18 years and older) in your household:					
# of children (unde	r 18 years old) in you	ır household:				
What is the primary health coverage:						

## **Family Information**

	First Name	Last Name	Living with Family	Teen Parent
	Date of Birth	Social Security #	Gender	Occupation
	Race	Native Country	Primary Language	Secondary Language
	Provide financial support to applicant		Custody	
	First Name	Last Name	Living with Family	Teen Parent
•	Date of Birth	Social Security #	Gender	Occupation
	Race	Native Country	Primary Language	Secondary Language
	Provide financial support to applicant		Custody	
	First Name	Last Name	Living with Family	Teen Parent
	Date of Birth	Social Security #	Gender	Occupation
	Race	Native Country	Primary Language	Secondary Language
	Provide financial support to applicant		Custody	
	]		·	
100	Provide financial support to applicant  First Name	Last Name	Custody  Date of Birth	Gender
0	]		Date of Birth	Gender If yes when & where?
	First Name  Does child live at home	Last Name Has this child previously been enro	Date of Birth lled in EHS or HS?	If yes when & where?
	First Name	Last Name	Date of Birth	
	First Name  Does child live at home	Last Name Has this child previously been enro	Date of Birth	If yes when & where?
0	First Name  Does child live at home  First Name	Last Name  Has this child previously been enro  Last Name	Date of Birth	If yes when & where?  Gender
0	First Name  Does child live at home  First Name  Does child live at home	Last Name  Has this child previously been enro  Last Name  Has this child previously been enro	Date of Birth  Illed in EHS or HS?  Date of Birth  Illed in EHS or HS?  Date of Birth	If yes when & where?  Gender  If yes when & where?
	First Name  Does child live at home  First Name  Does child live at home	Last Name  Has this child previously been enro  Last Name  Has this child previously been enro  Last Name	Date of Birth  Illed in EHS or HS?  Date of Birth  Illed in EHS or HS?  Date of Birth	If yes when & where?  Gender  If yes when & where?  Gender

## Does your family receive any of the following types of services or assistance?

When did you begin receiving services?

Type of Service or Assistance W	here are you receiving services from? What is your case number?
Child Care Assistance	
☐ Energy Assistance Program	
Enrolled in high school, college or other training program	
Even Start or other literacy program	
Food Stamps	
Foster care/Adoption subsidy	
Healthy Tracks	
Homeless	
Medical Financial Assistance (Medicaid/Medicare)	
Pro Work Program	
Public Assistance/Welfare (TANF)	
Public Housing Assistance	
Supplemental Security Income (SSI)	
Unemployment Insurance	
wic	
Other	
None	
Is your family experiencing a crisis or u  Yes If yes, please No explain?  Please let us know how you heard about	
Applicant/Parent/Guardian	
Signature	Date
	(Office Use Orde) Date Serviced
	(Office Use Only) Date Received: