

Hoke County Partnership for Children and Families
Mobile Preschool Program
Application for Enrollment
Child's Information

Child's Full Name: _____ Social Security Number _____

☐ M ☐ F Age: _____ Birth Date _____

Race/Ethnicity: (Please circle one)

African-American Asian Hispanic-Latino Native American Middle Eastern Multi-Racial Other White

Parent/Guardian Information

Mother's Full Name _____ e-mail _____

Maiden Name _____ Date of Birthdate _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Employer: _____ Work Phone: _____

Father's Full Name _____ Date of Birth _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Employer: _____ Work Phone: _____

Guardian's Full Name (only complete if you are not the child's parent) _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Employer: _____ Work Phone: _____

Do you have legal custody of this child? (Circle One) Yes No

I, _____, verify that my child/ren are not enrolled in any preschool program, child care center, family child care home, or Head Start.

Signature of Parent or Guardian _____ Date: _____

*****How did you hear about the program?** _____

FOR OFFICE USE ONLY:

Enrollment Date: _____ Location: _____ Time: _____

Paperwork Complete ☐ Withdrawal Date: _____ Day: _____

General Information

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 brothers and/or sisters? (State names and ages)

Do you have any concerns about your child's speech or language? If so, please explain:

Please tell us about your home life.

Parent or Guardian's evaluation of child's personality: (likes, dislikes, fears, favorite activities).

In what way can we help your child this year?

Photo Permission

I give permission for my child to be photographed and/or videotaped by teachers and staff of the Hoke County Partnership for Children & Families (Smart Start) or local news organizations approved and accompanied by the Mobile Preschool Coordinator/Lead Teacher. I understand that the purposes of the pictures or videos may be used for advertising, public relations and family enrichment. I expect to be notified before such pictures/videos are taken.

Signature

Date

EMERGENCY INFORMATION

Child's Name: _____

M F

Address: _____

Date of

Birth: _____

Wears Glasses? Y N

Allergies (Food, Medical, etc.: _____

Parent/Guardian: _____

Home Phone: _____

Cell Phone: _____

Work/Other Number: _____

Child's Physician: _____

Phone: _____

Affiliated Hospital: _____

Phone: _____

Child's Dentist

Phone: _____

Please list 2 additional people who may be called in the event of an emergency: (2 contacts are required and must be within a 15 minute radius of the Mobile Unit location – approximately 7 to 10 miles.)

Name: _____

Phone: _____

Cell Phone: _____

Alternate: _____

Name: _____

Phone: _____

Cell Phone: _____

Alternate: _____

I, _____, authorize the Hoke County Partnership for Children and Families (Smart Start) and/or the person or persons listed above to seek emergency services and/or the medical personnel listed on this form to provide medical treatment to my child in the event of an emergency.

Signature of Parent/Guardian

Date

Please indicate a code to be used with these persons for verification of authorization to take your child from the class. (Children will not be allowed to leave with a person without this code.) **AUTHORIZATION CODE#**

PLEASE _____

Hoke County Partnership for Children and Families

Child Data Sheet

Project Name:			
Please provide the following information on every child who participates in the Smart Start funded activity. ONLY COMPLETE ONE FORM PER CHILD. Items in bold are required, others are optional			
1. Child's Full Name	First	Middle	Last
2. Child's Birth Date	Month	Day	Year
3. Child's Gender	M <input type="checkbox"/> F <input type="checkbox"/>	4. Geographic Area	Raeford= 01, Ashley Heights= 02, Rockfish=03, 5 Points=04, McDougald Downs = 05 Heritage Vlg=06, Davis Brdg=07, Arabia=08, Antioch=09, West Hoke=10, South Hoke=11, Sandy Grove=12 Dundarrach=13 Robin Hgts=14, Scurlock=15, Cameron Hgts=16, Puppy Creek=17, Other= 18
5. Child's Race/Ethnicity <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> White			
6. Parent's Race/Ethnicity (circle one) <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> White			
7. Is this a single parent household?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Last four (4) digits of parent or guardian's Social Security Number			
9. Years of school completed by parent/guardian(circle one):		1 2 3 4 5 6 7 8 9 10 11 12	
10. Number of Adults now living in the household			
11. Number of children ages 0-5 years of age now living in the household			
12. Number of children ages 6 to 18 years of age now living in the household			
13: Family's total annual earned income before taxes or any other deductions. (Check one.)			
<input type="checkbox"/> \$0 – \$4,999	<input type="checkbox"/> \$15,000 – \$17, 499	<input type="checkbox"/> \$25,000 – \$27,499	
<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$17,500 – 19,999	<input type="checkbox"/> \$27,500 - \$29,999	
<input type="checkbox"/> \$10,000 - \$12,499	<input type="checkbox"/> \$20,000 – 22, 499	<input type="checkbox"/> \$30,000 - \$34,999	
<input type="checkbox"/> \$12,500 - \$14,999	<input type="checkbox"/> \$22,500 - \$24,999	<input type="checkbox"/> \$35,000 and above	

Dear Parent/Caregiver:

Some parents have requested the names, addresses, and telephone numbers of all the participants in your child's class for special occasions or to determine the possibility of carpooling to class. Please indicate below whether you wish to share your information with others in the class.

Thank you!

- ☐ No, I do not wish to share my information with other parent's in my child's class
- ☐ Yes, I would like to share my information with other parents.

Child's Name: _____

Parent's Name: _____ Date: _____