

Northern Montana Child Development Center Birth-5 Application

All Adults in Household: If more adults in household please attach separate page.

1. _____ M / F _____ - _____ - _____
 NAME Date of Birth Gender Social Security # Race

 Highest Grade Completed Employment Status Relationship to applying child Email Address



Head Start

2. _____ M / F _____ - _____ - _____
 NAME Date of Birth Gender Social Security # Race

 Highest Grade Completed Employment Status Relationship to applying child Email Address



_____ Physical Address _____ Mailing Address _____ City _____ State

1. _____ 2. _____ 3. _____
 Primary Phone Number Type Phone Number Type Phone Number Type

All Children in household. Applying children first. List any additional children on separate page.

NAME _____	Date of Birth _____	Social Security # _____ - _____ - _____	<u>M / F</u>	Race _____	Insurance _____	<u>Y / N / S</u> Disability
NAME _____	Date of Birth _____	Social Security # _____ - _____ - _____	<u>M / F</u>	Race _____	Insurance _____	<u>Y / N / S</u> Disability
NAME _____	Date of Birth _____	Social Security # _____ - _____ - _____	<u>M / F</u>	Race _____	Insurance _____	<u>Y / N / S</u> Disability
NAME _____	Date of Birth _____	Social Security # _____ - _____ - _____	<u>M / F</u>	Race _____	Insurance _____	<u>Y / N / S</u> Disability
NAME _____	Date of Birth _____	Social Security # _____ - _____ - _____	<u>M / F</u>	Race _____	Insurance _____	<u>Y / N / S</u> Disability

<p style="text-align: center;"><u>RACE</u></p> <p>W=White H=Hispanic N=Native American or Alaska Native A= Asian or Pacific Islander B=Black</p>	<p style="text-align: center;"><u>EDUCATION LEVEL</u></p> <p>G9=thru 9th Grade A=Associate's Degree G10=thru 10th grade B=Bachelor's Degree G11=thru 11th grade M=Master's Degree G12=thru 12th grade HSG=High School Graduate COL=In college/Training</p>	<p style="text-align: center;"><u>EMPLOYMENT STATUS</u></p> <p>F=Full Time P=Part Time S=Seasonal U=Unemployed R=Retired T=Training/School</p>	<p style="text-align: center;"><u>INSURANCE</u></p> <p>HMK+=Healthy MT Kids Plus HMK= Health MT Kids P=Private O=Other/ HIS CHC=Community Health Center N=None</p>	<p style="text-align: center;"><u>RELATIONSHIP TO APPLYING CHILD</u></p> <p>P=Parent SB=Sibling GP=Grand Parent FP=Foster Parent A/U=Aunt/Uncle SP=Step Parent GA=Guardian</p>
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FAMILY EMERGENCY CONTACTS AND RELEASE AUTHORIZATION:

1. _____ 1. _____ 2. _____ 3. _____
Name Address, City & State Phone #'s Type Phone Phone Type
_____ Y / N Y / N
Relationship to child Emergency Contact Authorized Release

2. _____ 1. _____ 2. _____ 3. _____
Name Address, City & State Phone #'s Type Phone Phone Type
_____ Y / N Y / N
Relationship to child Emergency Contact Authorized Release

3. _____ 1. _____ 2. _____ 3. _____
Name Address, City & State Phone #'s Type Phone Phone Type
_____ Y / N Y / N
Relationship to child Emergency Contact Authorized Release

4. _____ 1. _____ 2. _____ 3. _____
Name Address, City & State Phone #'s Type Phone Phone Type
_____ Y / N Y / N
Relation to child Emergency Contact Authorized Release

FAMILY DOCTOR:

Name Address, City & State Phone #

FAMILY DENTIST:

Name Address, City & State Phone #

TANF STATUS= Y / N / F * SSI or SSDI= Y / N * WIC= Y / N * Military= Y / N * SNAP Program= Y / N

Do biological parent live together? Y / N (If no, Other parents Name and address) _____
Was child referred to NMCDC program? Y / N By whom? _____ Reason _____

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and 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's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____