



Jubilee JumpStart

ENROLLMENT APPLICATION & WAITLIST REGISTRATION FORM



CHILD'S INFORMATION					
Last Name		First Name			
Street Address		Apartment #	City	State	
Zip Code		Date of Birth or Due Date		Preferred Enrollment Date	Gender
Primary Language			Other Language(s) spoken:		
Is your child affected by any of the following?: <input type="checkbox"/> chronic illness <input type="checkbox"/> allergies <input type="checkbox"/> developmental delay <input type="checkbox"/> hearing impairment <input type="checkbox"/> visual impairment <input type="checkbox"/> impairment of motor function <input type="checkbox"/> other health problems Describe: _____ Does your child have a current IFSP or IEP? <input type="checkbox"/> yes <input type="checkbox"/> no <i>Upon enrollment at Jubilee JumpStart we will work with your family to develop a care plan to ensure that we accommodate the needs of your child.</i>					
Do you meet any of the following for waitlist priority?: <input type="checkbox"/> Sibling already enrolled at JJS <input type="checkbox"/> Resident of Jubilee Housing <input type="checkbox"/> Referral from a Jubilee Housing/Church of the Savior sister ministry <input type="checkbox"/> Employee of Jubilee JumpStart <input type="checkbox"/> Employee of Jubilee Housing or a sister ministry <input type="checkbox"/> Alumni of Jubilee JumpStart <input type="checkbox"/> Resident of the Northwest Center					
Reason for Child Care: <input type="checkbox"/> Working <input type="checkbox"/> School <input type="checkbox"/> Training <input type="checkbox"/> Disabled Adult <input type="checkbox"/> Child with Disability <input type="checkbox"/> Other _____					
Has your child ever been enrolled in a childcare program before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Where? _____					
Do you need assistance in paying for child care costs? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you currently participate in the child care subsidy (voucher) program? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are both parents living in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, which parent is the primary caregiver? _____					
Are the child's parents: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Other _____					
PRIMARY CUSTODIAL PARENT/GUARDIAN *Lives with Child					
Last Name		First Name		Middle Initial	Date of Birth
Gender					
Relationship to Child: <input type="checkbox"/> Natural/Adoptive Parent <input type="checkbox"/> Stepparent <input type="checkbox"/> Foster <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative _____					
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Cohabitation					
Primary Phone #:			Alternate Phone #		
Email Address:					
Primary Language:			English Proficiency: <input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		
Activity: <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Employed Part Time # of hour per week _____ <input type="checkbox"/> Training Program <input type="checkbox"/> Attending High School <input type="checkbox"/> Attending College <input type="checkbox"/> Unemployed					
Income:		Income Sources:		Retirement Pension	
<input type="checkbox"/> Less than 10,000		<input type="checkbox"/> 60,000-69,999		<input type="checkbox"/> Social Security	
<input type="checkbox"/> 10,000-19,999		<input type="checkbox"/> 70,000-79,999		<input type="checkbox"/> Unemployment	
<input type="checkbox"/> 20,000-29,999		<input type="checkbox"/> 80,000-89,999		<input type="checkbox"/> SSI Benefits	
<input type="checkbox"/> 30,000-39,999		<input type="checkbox"/> 90,000-99,000		<input type="checkbox"/> WIC	
<input type="checkbox"/> 40,000-49,999		<input type="checkbox"/> 100,000-124,999		<input type="checkbox"/> Foster Care Subsidy	
<input type="checkbox"/> 50,000-59,999		<input type="checkbox"/> 125,000-149,999		<input type="checkbox"/> Other _____	
		<input type="checkbox"/> 150,000+			
		<input type="checkbox"/> Employment			
		<input type="checkbox"/> Child Support			
		<input type="checkbox"/> Alimony			
		<input type="checkbox"/> SNAP			
		<input type="checkbox"/> TANF			
		<input type="checkbox"/> Disability			



Jubilee JumpStart

ENROLLMENT APPLICATION & WAITLIST REGISTRATION FORM



SECONDARY ADULT

Lives with child? Yes No If not does this person contribute financially to the child's care? Yes No

Last Name	First Name	Middle Initial	Date of Birth	Gender
-----------	------------	----------------	---------------	--------

Relationship to Child: Natural/Adoptive Parent Stepparent Foster Grandparent Other Relative _____

Marital Status: Married Separated Divorced Single Cohabitation

Primary Phone #:	Alternate Phone #:
------------------	--------------------

Email Address: _____

Primary Language: _____ English Proficiency: None Limited Moderate Proficient

Activity: Employed Full Time Employed Part Time # of hour per week _____ Training Program

Attending High School Attending College Unemployed

Income:	<input type="checkbox"/> 60,000-69,999	Income Sources:	<input type="checkbox"/> Retirement Pension
<input type="checkbox"/> Less than 10,000	<input type="checkbox"/> 70,000-79,999	<input type="checkbox"/> Employment	<input type="checkbox"/> Social Security
<input type="checkbox"/> 10,000-19,999	<input type="checkbox"/> 80,000-89,999	<input type="checkbox"/> Child Support	<input type="checkbox"/> Unemployment
<input type="checkbox"/> 20,000-29,999	<input type="checkbox"/> 90,000-99,000	<input type="checkbox"/> Alimony	<input type="checkbox"/> SSI Benefits
<input type="checkbox"/> 30,000-39,999	<input type="checkbox"/> 100,000-124,999	<input type="checkbox"/> SNAP	<input type="checkbox"/> WIC
<input type="checkbox"/> 40,000-49,999	<input type="checkbox"/> 125,000-149,999	<input type="checkbox"/> TANF	<input type="checkbox"/> Foster Care Subsidy
<input type="checkbox"/> 50,000-59,999	<input type="checkbox"/> 150,000+	<input type="checkbox"/> Disability	<input type="checkbox"/> Other _____

HOUSEHOLD INFORMATION

Please list all other adults & children living in household	Relationship to Child	Supported by income of primary parent/guardian
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no
		<input type="checkbox"/> yes <input type="checkbox"/> no

Printed Name of Applicant	Signature of Applicant	Date
---------------------------	------------------------	------

Office Use Only

Full Pay Subsidy Activity: _____ Household Income: _____

of Dependents: _____ Waitlist Preferences: _____

Entered in ProCare Fee Paid

Processed by: _____ Date: _____

Enrollment Offered

Date: _____ Accepted Declined; Reason _____

Date: _____ Accepted Declined; Reason _____

Jubilee JumpStart requires a \$50 registration fee to join our waitlist. This fee may be waived at the discretion of the program.