



Jubilee JumpStart WAITLIST REGISTRATION



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



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

Marital Status: Married Separated Divorced Single Cohabitation

Primary Phone #:	Alternate Phone #:
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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
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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.