

Office Use only:
 Placed _____ Not Placed _____

STUDENT'S NAME _____
 FIRST MIDDLE LAST

MALE FEMALE AGE: _____ DATE OF BIRTH: _____ Home Language: _____

of Parents/Guardians & Children in Home: _____ # of children in home: _____

Have You Applied for CCAP? Yes No
 Are You Approved for CCAP? Yes No
 Are You on the CCAP Waitlist? Yes No

_____ Date Application Completed

Does the child have a current IEP or IFSP? (Child is receiving services through the school system or Early Steps)
 Yes No
 Concern/Diagnosis: _____

1. PARENT/LEGAL GUARDIAN living in home WITH Child RELATIONSHIP to CHILD: _____

NAME: _____
 LAST FIRST MIDDLE

ADDRESS _____
 STREET CITY STATE ZIP CODE

PHONE: _____ EMAIL: _____

2. PARENT/LEGAL GUARDIAN living in home WITH child RELATIONSHIP TO CHILD: _____

NAME: _____
 LAST FIRST MIDDLE

ADDRESS _____
 STREET CITY STATE ZIP CODE

PHONE: _____ EMAIL: _____

How did you learn about the participating programs and eligibility? _____

ALTERNATE CONTACT

1. CONTACT NAME: _____ PHONE#: _____ RELATIONSHIP: _____

2. CONTACT NAME: _____ PHONE#: _____ RELATIONSHIP: _____

Ranking	Program (see flyer for all Programs)	Types (Circle One)			Brother or Sister in program	
1st Choice		Childcare	Headstart	School	Yes	No
2nd Choice		Childcare	Headstart	School	Yes	No
3rd Choice		Childcare	Headstart	School	Yes	No

* If your 1st choice does not have available seats, this does not guarantee enrollment in your 2nd choice program.

Parent/Guardian permission for information sharing

I, the undersigned, understand that sharing the information I have provided in this application across early childhood programs in my community will facilitate matching my child to a seat, and I hereby give permission for the information provided here to be shared with the programs/Lead Agency in theOPENetwork

_____ Signature (parent or legal guardian)

_____ Date