

KINDERWAIT INTAKE FORM

PLEASE FILL OUT COMPLETELY

TODAYS DATE: _____

Primary Contact Parent

DATE OF CARE NEEDED: _____

First Name: _____ Middle: _____ Last: _____

Street Address: _____

City: _____ ZIP: _____

Home Phone Number: _____

Social Security Number: _____

Date of Birth: _____ Gender: _____

Marital Status: _____ Ethnicity: _____

Primary Language: _____ Speaks English: _____

Email Address: _____

Cell Number: _____ Work Number: _____

Best Time to Reach You: _____ OK to Call Work: Yes No

Name & Address of Employer: _____

Pay Period (circle one): Weekly BiWeekly Monthly Quarterly Other:

Hourly Pay Rate: _____ Hours Worked Weekly: _____

Name and Address of School: _____

School Schedule (circle all that apply): Full Time Part Time Online Trade School

Other Income Received (please write monthly amount):

Child Support _____ Child Support Inkind _____ SSI _____ Food Stamps _____

Housing _____ Self Employment _____ Federal Benefits _____

TANFC/DTA _____ Child Support Being Paid Out _____

Service Need (circle all that apply): Employment Seeking Employment Education/Training

Special Need Parent or Child Retired Caregiver (over 65 yrs old) TAFDC Household

DCF Homeless Shelter Activity

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2nd Parent Information Adults Relationship (circle one): Married Living Together Living Apart

(If single and parents are living apart- do not complete this section)

First Name: _____ Middle: _____ Last: _____

Street Address: _____

City: _____ ZIP: _____

Home Phone Number: _____

Social Security Number: _____

Date of Birth: _____ Gender: _____

Marital Status: _____ Ethnicity: _____

Primary Language: _____ Speaks English: _____

Email Address: _____

Cell Number: _____ Work Number: _____

Best Time to Reach You: _____ OK to Call Work: Yes No

Name & Address of Employer: _____

Pay Period (circle one): Weekly BiWeekly Monthly Quarterly Other:

Hourly Pay Rate: _____ Hours Worked Weekly: _____

Name and Address of School: _____

School Schedule (circle all that apply): Full Time Part Time Online Trade School

Other Income Received (please write monthly amount):

Child Support: _____ Child Support Inkind _____ SSI _____ Food Stamps _____

Housing _____ Self Employment _____ Federal Benefits _____

TANFC/DTA _____ Child Support Being Paid Out _____

Service Need (circle all that apply): Employment Seeking Employment Education/Training

Special Need Parent or Child Retired Caregiver (over 65 yrs old) TAFDC Household

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Child Information: PLEASE LIST ALL CHILDREN IN THE HOUSEHOLD

Child 1:

Family Member Type (circle one): Standard/Biological Foster Guardian

First Name: _____ Middle: _____ Last: _____

Date of Birth: _____ Gender: _____ Social Security Number: _____

Ethnicity: _____ Language: _____

Schedule Care (circle all that apply):

Full Time Part Time Evening Weekend Overnight School Age
Head Start Kindergarten

Priority Code (circle all that apply):

Foster Child Homeless Military Child Teen Parent Special Needs
General Priority Child with Grandparent/Guardian Sibling w/Contract
Sibling w/Voucher No Priority/Other Child (aged out or no need for care)
Other: _____

Preferred Program (circle only those that apply):

IE DTA Teen Parent Head Start DCF Early Head Start Homeless

Grade:

None K 1 2 3 4 5 6 7

Special Needs Child: Yes No If yes, please state disability: _____

Child 2:

Family Member Type (circle one): Standard/Biological Foster Guardian

First Name: _____ Middle: _____ Last: _____

Date of Birth: _____ Gender: _____ Social Security Number: _____

Ethnicity: _____ Language: _____

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Schedule Care (circle all that apply):

Full Time Part Time Evening Weekend Overnight School Age
Head Start Kindergarten

Priority Code (circle all that apply):

Foster Child Homeless Military Child Teen Parent Special Needs
General Priority Child with Grandparent/Guardian Sibling w/Contract
Sibling w/Voucher No Priority/Other Child (aged out or no need for care)

Other: _____

Preferred Program (circle only those that apply):

IE DTA Teen Parent Head Start DCF Early Head Start Homeless

Grade:

None K 1 2 3 4 5 6 7

Special Needs Child: Yes No If yes, please state disability: _____

Child 3:

Family Member Type (circle one): Standard/Biological Foster Guardian

First Name: _____ Middle: _____ Last: _____

Date of Birth: _____ Gender: _____ Social Security Number: _____

Ethnicity: _____ Language: _____

Schedule Care (circle all that apply):

Full Time Part Time Evening Weekend Overnight School Age
Head Start Kindergarten

Priority Code (circle all that apply):

Foster Child Homeless Military Child Teen Parent Special Needs
General Priority Child with Grandparent/Guardian Sibling w/Contract

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Sibling w/Voucher No Priority/Other Child (aged out or no need for care)

Other: _____

Preferred Program (circle only those that apply):

IE DTA Teen Parent Head Start DCF Early Head Start Homeless

Grade:

None K 1 2 3 4 5 6 7

Special Needs Child: Yes No If yes, please state disability: _____

Child 4:

Family Member Type (circle one): Standard/Biological Foster Guardian

First Name: _____ Middle: _____ Last: _____

Date of Birth: _____ Gender: _____ Social Security Number: _____

Ethnicity: _____ Language: _____

Schedule Care (circle all that apply):

Full Time Part Time Evening Weekend Overnight School Age
Head Start Kindergarten

Priority Code (circle all that apply):

Foster Child Homeless Military Child Teen Parent Special Needs
General Priority Child with Grandparent/Guardian Sibling w/Contract
Sibling w/Voucher No Priority/Other Child (aged out or no need for care)

Other: _____

Preferred Program (circle only those that apply):

IE DTA Teen Parent Head Start DCF Early Head Start Homeless

Grade:

None K 1 2 3 4 5 6 7

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Special Needs Child: Yes No

If yes, please state disability: _____

Return to:

Community Care for Kids
1509 Hancock St, Quincy MA 02169
Email: cck@qcap.org
Fax: 617 773 5860