

KINDERWAIT INTAKE FORM

PLEASE FILL OUT COMPLETELY

TODAYS DATE: _____

Primary Contact Parent

Date Of Child Care Needed: _____

First Name: _____ Middle: _____ Last: _____

Street Address: _____

City: _____ Zip: _____ Gender: _____

Date of Birth: _____ Marital Status _____ Ethnicity _____

Do you speak English? Yes No Primary Language: _____ Social Security Number: _____

Home Phone: _____ Cell Phone: _____ Work Number: _____

Email Address: _____ Okay to Call Work: Yes or No Best Time to Reach You: _____

Name and Address of Employer: _____

How often do you get paid? (Circle one): Weekly Every 2 weeks Monthly Quarterly
Other:

Hourly Pay Rate: _____ Hours Worked Weekly: _____

Name of School: _____ 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 _____ Food Stamps _____

Housing _____ Self Employment _____ Federal Benefits _____

TANFC/DTA _____ Child Support Being Paid Out _____ SSI _____

(Circle all that applies to you): Currently Employed Seeking Employment Enrolled in School

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

Are living at a Homeless Shelter

DCF

KINDERWAIT INTAKE FORM

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: _____ Gender: _____

Date of Birth: _____ Marital Status _____ Ethnicity _____

Do you speak English? Yes No Primary Language: _____ Social Security Number: _____

Home Phone: _____ Cell Phone: _____ Work Number: _____

Email Address: _____ Okay to Call Work: Yes or No Best Time to Reach You: _____

Name and Address of Employer: _____

How often do you get paid? (Circle one): Weekly Every 2 weeks Monthly Quarterly
Other:

Hourly Pay Rate: _____ Hours Worked Weekly: _____

Name of School: _____ 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 _____ Food Stamps _____

Housing _____ Self Employment _____ Federal Benefits _____

TANFC/DTA _____ Child Support Being Paid Out _____ SSI _____

(Circle all that applies to you): Currently Employed Seeking Employment Enrolled in School

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

Are living at a Homeless Shelter DCF Caregiver (over 65 yrs old) Receiving TAFDC benefits

Are living at a Homeless Shelter DCF

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Child Information: PLEASE LIST ALL CHILDREN IN THE HOUSEHOLD

Child 1:

Family Member Type (circle one): Biological Foster Guardian

First Name: _____ Middle Name: _____ Last Name: _____

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

Ethnicity: _____ Language: _____

Schedule Care (circle all that apply):

Full Time Part Time Evening Weekend

Head Start Kindergarten Overnight School Age

Child Status Code (circle all that apply):

Foster Child Homeless Military Child Child of 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):

Income Eligible Department of Transitional Assistance Teen Parent Head Start
Department of Children and Families Early Head Start Homeless

Child's Grade None K 1 2 3 4 5 6 7

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

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Child 2:

Family Member Type (circle one): Biological Foster Guardian

First Name: _____ Middle Name: _____ Last Name: _____

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

Ethnicity: _____ Language: _____

Schedule Care (circle all that apply):

Full Time Part Time Evening Weekend

Head Start Kindergarten Overnight School Age

Child Status Code (circle all that apply):

Foster Child Homeless Military Child Child of 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):

Income Eligible Department of Transitional Assistance Teen Parent Head Start
Department of Children and Families Early Head Start Homeless

Child's Grade None K 1 2 3 4 5 6 7

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

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Child 3:

Family Member Type (circle one): Biological Foster Guardian

First Name: _____ Middle Name: _____ Last Name: _____

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

Ethnicity: _____ Language: _____

Schedule Care (circle all that apply):

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

Child Status Code (circle all that apply):

Foster Child Homeless Military Child Child of 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):

Income Eligible Department of Transitional Assistance Teen Parent Head Start
Department of Children and Families Early Head Start Homeless

Child's Grade None K 1 2 3 4 5 6 7

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

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Child 4:

Family Member Type (circle one): Biological Foster Guardian

First Name: _____ Middle Name: _____ Last Name: _____

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

Ethnicity: _____ Language: _____

Schedule Care (circle all that apply):

Full Time Part Time Evening Weekend

Head Start Kindergarten Overnight School Age

Child Status Code (circle all that apply):

Foster Child Homeless Military Child Child of 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):

Income Eligible Department of Transitional Assistance Teen Parent Head Start
Department of Children and Families Early Head Start Homeless

Child's Grade None K 1 2 3 4 5 6 7

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

Return to:

Community Care for Kids
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Email: cck@qcap.org
Fax: 617 773 5860