



# Infant, Toddler, Twos Registration Record

## SECTION I - Information for Enrolling Child

Last Name	First Name	Middle Initial	Preferred Name/Nickname
Date of Birth	SSN #	Gender <input type="checkbox"/> male <input type="checkbox"/> female	
Eye Color	Hair Color	Other Identifying Marks	

## Demographic Information for Child

Child's Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____	Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	Other Language _____ Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
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## Child's Health Insurance Information

Company: \_\_\_\_\_ Group/Policy Number: \_\_\_\_\_ Member ID: \_\_\_\_\_  
Name of Policy Holder: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

## Medical/Dental Providers

Doctor's Name: _____ Address: _____ Phone: _____	Dentist's Name: _____ Address: _____ Phone: _____
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## Developmental Information

Any Health Concerns? \_\_\_\_\_  
\_\_\_\_\_  
Any Allergies: \_\_\_\_\_  
\_\_\_\_\_  
Do you have any concerns about your child's development? Please Explain \_\_\_\_\_  
\_\_\_\_\_  
Does child have a current IFSP or IEP? ☐ yes ☐ no If yes, please provide a copy  
Does child use any assistive devices? ☐ glasses ☐ contact lenses ☐ crutches ☐ walker ☐ wheelchair ☐ braces ☐ hearing aids  
☐ other \_\_\_\_\_ ☐ none



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## SECTION II – Primary 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 Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____				
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Co-habitation				
Street Address	Apartment #	City	State	Zip Code
Home Phone	Work Phone	Cell Phone		
Email Address:		Do you prefer information such as invoices, memos, and newsletters be provided electronically or in paper format? <input type="checkbox"/> electronic <input type="checkbox"/> paper		
Highest Grade Completed		Employment Status (check all that apply)		Other
<input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Associate's <input type="checkbox"/> Some College	<input type="checkbox"/> Training <input type="checkbox"/> Certification <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED	<input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 9 <input type="checkbox"/> < Grade 9	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Training <input type="checkbox"/> School <input type="checkbox"/> Retired <input type="checkbox"/> Disabled	<input type="checkbox"/> Teen Parent <input type="checkbox"/> Homeless

## Demographic Information for Primary Parent/Guardian

Race:	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____	Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	Other Language _____ Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
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## SECTION III – Secondary Parent/Guardian/Other Responsible Adult

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 Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____				
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Co-habitation				
As applicable: <input type="checkbox"/> Lives with Family <input type="checkbox"/> Shared Custody of Child <input type="checkbox"/> Visitation Rights <input type="checkbox"/> Provides Financial Support				
Street Address	Apartment #	City	State	Zip Code
Home Phone	Work Phone	Cell Phone		
Email Address:		Do you prefer information such as invoices, memos, and newsletters be provided electronically or in paper format? <input type="checkbox"/> electronic <input type="checkbox"/> paper		



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Highest Grade Completed			Employment Status (check all that apply)		Other
<input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Associate's <input type="checkbox"/> Some College	<input type="checkbox"/> Training <input type="checkbox"/> Certification <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED	<input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 9 <input type="checkbox"/> < Grade 9	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Training	<input type="checkbox"/> School <input type="checkbox"/> Retired <input type="checkbox"/> Disabled	<input type="checkbox"/> Teen Parent <input type="checkbox"/> Homeless
Demographic Information for Secondary Parent/Guardian/Other Adult					
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other _____	Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	Other Language _____ Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	
SECTION IV - Household Information					
<input type="checkbox"/> Child Lives With <input type="checkbox"/> No Parent <input type="checkbox"/> One Parent/Guardian <input type="checkbox"/> Two Parents/Guardians	How many family members are living with the child? (such as parent, guardian, uncle/aunt, grandparents, etc.) _____		How many children under the age of 18 are living in the household? _____ How many Birth to 3? _____ How many ages 3 – 5? _____		
Please list all others living in household (do not include child and parents/guardians already listed above)		Relationship to Child	Date of Birth	Supported by parent/guardian listed above? (Y/N)	Provide Financial Support? (Y/N)
Household Income					
<input type="checkbox"/> Less than 10,000 <input type="checkbox"/> 10,000-19,999 <input type="checkbox"/> 20,000-29,999 <input type="checkbox"/> 30,000-39,999 <input type="checkbox"/> 40,000-49,999		<input type="checkbox"/> 50,000-59,999 <input type="checkbox"/> 60,000-69,999 <input type="checkbox"/> 70,000-79,999 <input type="checkbox"/> 80,000-89,999		<input type="checkbox"/> 90,000-99,000 <input type="checkbox"/> 100,000-124,999 <input type="checkbox"/> 125,000-149,999 <input type="checkbox"/> 150,000+	
Income Sources: <input type="checkbox"/> Employment Income <input type="checkbox"/> Medical Financial Assistance <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> WIC		<input type="checkbox"/> SSI <input type="checkbox"/> Foster Care/Adoption Subsidy <input type="checkbox"/> Unemployment <input type="checkbox"/> Public Housing Assistance <input type="checkbox"/> Energy Program Assistance		<input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> OSSE Child Care Subsidy Voucher <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	



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## SECTION V – Certification

I certify that this information is true. I understand that providing false information related to my participation in any government funded program may result in termination from the program. I understand that the information in this application will be held in strict confidence within OSSE and Jubilee JumpStart. I acknowledge that my child's record is accessible to me as needed during normal business hours.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## Official Use Only

☐ Hummingbirds ☐ Quetzals ☐ Tree Frogs ☐ Toucans

☐ Tuition    Monthly Tuition Fee: \_\_\_\_\_

☐ Subsidy Eligible    Parent Co-Payment: \_\_\_\_\_    Review Date: \_\_\_\_\_

☐ QIN Enrollee    Date of transition to Pre-K: \_\_\_\_\_

ProCare Login Information    Primary: id \_\_\_\_\_ password \_\_\_\_\_    Secondary: id \_\_\_\_\_ password \_\_\_\_\_

Verifying Administrative Staff: \_\_\_\_\_    Date: \_\_\_\_\_

## FOR QIN ONLY

\_\_\_\_\_  
Print Name (Child Care Partner's Eligibility & Data Manager)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (HUB Eligibility & Data Manager)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name (Child Care Partner's Family Support Worker)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date