



HELP DAYCARE CORPORATION (HDCC)

**MORRIS EARLY CHILDHOOD PROGRAM (XANU)**

*"LEARNING TODAY ..... LEADING TOMORROW"*

**EARLY CHILDHOOD ENROLLMENT APPLICATION**

*Please complete one application per child*

Thank you for your interest in the Morris Early Childhood Program. Our Early Learn program offers full day, year-round care for families and offers a safe, positive learning environment for children aged 12 months to five to learn, to play, and build the skills that get them ready for kindergarten and beyond. Children in our Early Learn program get nutritious meals and health screenings, and families get support in accessing the health services they need. We help parents and families achieve their own goals, including employment, housing, and adult education.

**WHO IS ELIGIBLE?**

New York City offers free or low-cost high quality early childhood education, which require families of children in our program to be eligible for services. Qualifying children can begin our program any time during the year. NYC Public Schools utilize funding from the Federal Child Care Block Grant (Child Care), which requires that families meet the following eligibility requirements:

- Your family must live in New York City, unless the child has been placed in foster care outside of NYC.
- The child who will receive care at our EDY program must be a US citizen or have legal immigration status.
- Your family’s income must fall below a certain amount ***and*** you must have one of the following approved reasons for care:
  - Work an average of 10 or more hours per week.
  - In an educational or vocational training program
  - Starting to look for work or have been looking for work for up to 6 months,
  - Receiving services in response to domestic violence
  - Live in temporary housing
- For two-parent households, each parent must have a reason for care.

**REQUIRED DOCUMENTATION** *Along with your completed application the following documentation is required.*

- \_\_\_ Copy of Birth Certificate, Immunization Records, and Well Child Checks of the child
- \_\_\_ Proof of Residency (utility bill or document that shows your residential address)
- \_\_\_ Proof of income for the last 12 months for all parent/guardians of the child  
*(Income Tax Return or W2’s from all jobs held in the previous year, between 2 and 12 current pay stubs, or letter from employer)*
- \_\_\_ Complete the Declaration of No Income Statement for any parent/guardians not receiving income at any time **within the last 12 months** (included in application)
- \_\_\_ Housing Questionnaire (included in application)
- \_\_\_ If applicable, you may also need to submit a Vocational, Education, Training Verification Form, or the Self Employment Attestation Form.

Once a family receives an offer for Extended Day and Year programming at our site, they must complete a Childcare application; this can be done directly with assistance from our Family Service Coordinator.

**IF YOU NEED HELP IN COMPLETING THE APPLICATION, OR HAVE ANY QUESTIONS, PLEASE CALL US AT (718) 583-0174 EXT. 204.**



**EARLY CHILDHOOD ELIGIBILITY APPLICATION**

Please complete one application per child

CHILD'S INFORMATION				
First name		Middle name		Last
<b>Birthdate</b> (mm/dd/yyyy)	<b>Hispanic</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Race</b> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islanders <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
				<b>Is this child a foster child?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>English Proficiency</b> <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<b>Other Language</b> <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Russian <input type="checkbox"/> Other: _____	<b>Other Language Proficiency</b> <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<b>Has your child ever been evaluated?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Currently receiving any services?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>If yes, by whom?</b>		<b>If yes, please check all that apply.</b> <input type="checkbox"/> Speech <input type="checkbox"/> Special Instruction <input type="checkbox"/> IEP <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Counseling/ Therapy <input type="checkbox"/> Other: _____
<b>Health Insurance</b> (Choose one)	<input type="checkbox"/> Not Eligible for Medicaid / CHP <input type="checkbox"/> Applying or Pending <input type="checkbox"/> On Medicaid/CHP: #:		<b>Is the child covered by private health insurance?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (please specify): _____	<b>Doctor/Clinic:</b>

ADULT #1 / PARENT/GUARDIAN				
First name		Middle name		Last
<b>Birthdate</b> (mm/dd/yyyy)	<b>Hispanic</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Race</b> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islanders <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		<b>Adult's Relationship to Applying Child</b> <input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female				
<b>English Proficiency</b> <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<b>Other Language</b> <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Russian <input type="checkbox"/> Other: _____	<b>Other Language Proficiency</b> <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<b>Employment Status</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Part Time <input type="checkbox"/> Training/School <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired/Disabled	<b>Highest Grade Completed</b> <input type="checkbox"/> Grade/Diploma/GED: <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor or Higher <input type="checkbox"/> Other Training/Certificates
<b>Phone Number(s)</b>	<b>Type</b> (check one) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other		<b>Note</b> (extension or best time to call)	<b>opt in for Text Messages</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Phone Number(s)</b>	<b>Type</b> (check one) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other		<b>Note</b> (extension or best time to call)	<b>opt in for Text Messages</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Email Address:</b>				

ADULT #2 / PARENT/GUARDIAN				
First name		Middle name		Last
<b>Birthdate</b> (mm/dd/yyyy)	<b>Hispanic</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Race</b> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islanders <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		<b>Adult's Relationship to Applying Child</b> <input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female				
<b>English Proficiency</b> <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<b>Other Language</b> <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Russian <input type="checkbox"/> Other: _____	<b>Other Language Proficiency</b> <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<b>Employment Status</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Part Time <input type="checkbox"/> Training/School <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired/Disabled	<b>Highest Grade Completed</b> <input type="checkbox"/> Grade/Diploma/GED: <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor or Higher <input type="checkbox"/> Other Training/Certificates



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**PRIMARY ADULT #2 / PARENT/GUARDIAN (CONTINUED)**

Phone Number(s)	Type (check one) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other	Note (extension or best time to call)	opt in for Text Messages <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number(s)	Type (check one) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other	Note (extension or best time to call)	opt in for Text Messages <input type="checkbox"/> Yes <input type="checkbox"/> No

Email Address: \_\_\_\_\_

**FAMILY INFORMATION**

Living Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

Is this address (please check one):  Apartment  House  Rented Room  Shelter  Doubling Up  Hotel

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Parental Household Status (Check one) <input type="checkbox"/> One <input type="checkbox"/> Two	Homeless Family <input type="checkbox"/> Yes <input type="checkbox"/> No	Active Duty Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Referred by Child Welfare Agency <input type="checkbox"/> Yes <input type="checkbox"/> No	Receiving SNAP (Food stamps) <input type="checkbox"/> Yes <input type="checkbox"/> No	WIC <input type="checkbox"/> Yes <input type="checkbox"/> No
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Parents are (Check one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	What language(s) are spoken at home? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify) _____	Are you currently receiving assistance from any other agency? (Please check all that apply) <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Food Stamps <input type="checkbox"/> Subsidized Housing (Low-income; Section 8)	Family Size Adults: _____ Children: _____ (please list children in the child dependents section)
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**CHILD DEPENDENTS**

List all child dependents living in the home, such as brothers and/or sisters.

Last Name	First Name	Gender: Male or Female	Age	Date of Birth	Does this child currently live with you?	Is this child also applying for services?
		<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ELIGIBILITY INFORMATION**

Source of Income <input type="checkbox"/> Employment <input type="checkbox"/> Unemployment <input type="checkbox"/> SSI <input type="checkbox"/> HRA/Public Assistance <input type="checkbox"/> Other (specify) _____	Special Needs Does your child have any conditions that require help or special attention in school? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please check all that apply and give a brief explanation of your child's condition: <input type="checkbox"/> Hearing Impaired <input type="checkbox"/> Visual Impaired <input type="checkbox"/> Speech Impaired <input type="checkbox"/> Autistic <input type="checkbox"/> Heart condition <input type="checkbox"/> Emotionally Impaired <input type="checkbox"/> Asthma <input type="checkbox"/> Physically Impaired <input type="checkbox"/> ADHD/ADD <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Traumatic Experience <input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> Diabetes <input type="checkbox"/> Eczema (requiring medication) <input type="checkbox"/> Other, please specify: _____
TANF Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF but not currently	Explanation of Condition: _____



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**How did you hear about the program?**  
**Check all that apply:**

<input type="checkbox"/> Family/friend	<input type="checkbox"/> Social service agency	<input type="checkbox"/> DOE School Finder	<input type="checkbox"/> Older child was in program.
<input type="checkbox"/> School	<input type="checkbox"/> Internet Search	<input type="checkbox"/> Flyer/poster	<input type="checkbox"/> Employee
<input type="checkbox"/> Other (please specify) _____			

**I understand that as an applicant for this program, I must provide information on my income. I understand that program staff reserves the right to review this information and to make eligibility determinations for this program. I certify that the information provided by this application is true and accurate to the best of my knowledge. I understand that if I knowingly provide false/conflicting information, my child will be found ineligible for the Early Childhood program.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Eligible       Ineligible

Waitlist Date: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Discharge Date: \_\_\_\_\_

**Office Use Only:**

**Placement in:**

- Early Toddlers
- Toddlers
- EDY 3K
- EDY PreK

Senior Family Service Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_