

Starting Strong

Rapid City

Application-Enrollment Form 2013-2014 School Year

Please make sure that you answer every question completely and thoroughly. Incomplete questions could affect your child's enrollment status.

Child's Information:

Child's Name: _____
First Name MI Last Name

Preferred/nickname: _____ Child's SSN: _____ - _____ - _____

Child's Date of Birth: _____

Address where child resides: _____

Child's Race/Ethnicity:

- White Hispanic or Latino Other
 American Indian Black/African American

Primary Language Spoken: _____

Has child ever participated in an Early Childhood Program? Yes No

If yes what program: _____

Parent Information:

Parent/Guardian: _____
First Name MI Last Name

Relationship to Child (circle one):

Mother Father Legal Guardian/unrelated Grandparent Foster
Legal Guardian/Related Other (specify) _____

Home phone: _____ Cell phone: _____

Message phone: _____ Work phone: _____

e-mail address: _____

Employed: Yes No If yes: Full time Part time Seasonal

Attending school/job training: Yes No
Do you have a High School diploma/GED Yes No

