



Enrollment Form

Parent's Name: _____

Phone: (____) _____

Address: _____

Zip code: _____ Email: _____

How did you hear about the program? _____

Child's Name: _____ DOB: _____ (after 8/15/20 to enroll)

_____ DOB: _____ (after 8/15/20 to enroll)

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List all programs that the parent(s) & children are currently enrolled in: _____

Qualifying factor-

Low income: includes families eligible for free and reduced lunches, public housing, childcare subsidy, WIC, food stamps, Head Start, TANF and/or TennCare/Medicaid

Non-qualifying factors check all that apply:

- Teen Parent (under the age of 21 during program year)
Child abuse or neglect: Current or history of suspected or substantiated abuse/neglect of child or sibling(s).
Court-appointed legal guardians and/or foster care: Child has court appointed guardians or is in foster care.
Substance abuse: Parent has used or is currently using substances or needs substance abuse treatment
Tobacco Products: Are users of tobacco products in the home
Low educational attainment: Have children with low student achievement
Child with developmental delays, disabilities, or chronic health conditions: NAS diagnosis etc
Military family: Parent/guardian who is serving or has served in the Armed Forces
Parent with disabilities or chronic health conditions: Substantially limits one or more life activities.
Parent with mental illness: Parent has been diagnosed with a thought, mood, or behavior disorder.
Recent immigrant or refugee family: One or both parents are foreign born and entered the country within the past five years.
Low educational attainment: Parent did not complete high school or GED
Homeless or unstable housing: Lives in emergency/transitional housing or in a place not intended for regular housing and/or moved more than twice in the past year due to problems with housing.
Incarcerated parent(s): Parent(s) is incarcerated in federal or state prison or local jail or was released within the past year.
Death in the immediate family: The death of a child, parent or sibling.
Intimate partner violence: Parent is involved in intimate partner violence.
Very low birth weight: Birth weight is under 1500 grams or 3.5 pounds. Child is currently under 18 months.

Receiving in-home services from: _____

Agency Referral

Person Referring: _____ Title: _____

Agency: _____ Address: _____

Phone: (____) _____ Email: _____ Are Parents aware of referral? Y or N

Reason for Referral: _____