



Child and Family Services
 126 Phoenix Ave Lowell, MA 01852
 Phone: (978)454-5100 Fax: (978)656-3906
 Email: elapplications@commteam.org

Wait List Application for Early Learning, Family Child Care & School Age Programs

Parent 1/ Guardian _____ D.O.B. _____
 First Name Middle Initial Last Name

Country of Birth _____ Email Address _____

Address: _____ Town/City: _____ Zip Code _____

Phone # _____ Cell Phone # _____ Work # _____

Parent 2/ Guardian _____ D.O.B. _____
 (If living in the household) First Name Middle Initial Last Name

Country of Birth _____ Cell Phone # _____ Work # _____

Name of child/children needing care

Child's Name _____ D.O.B. _____ Male / Female

Country of Birth _____ Name of School for children over 5 years. _____

 Child's Name _____ D.O.B. _____ Male / Female

Country of Birth _____ Name of School for children over 5 years. _____

(Please answer the question below and circle the one that best applies to your child)

Race: White Black/African American Asian American Indian Native Hawaiian
 Multi-Racial Unspecified Other _____

Ethnicity: Hispanic or Latino Origin Non-Hispanic/Non-Latino **Primary Language:** _____

Other Household Members

Name	Birth Date	Male/Female	Relationship to Child

Number of Adults in family _____

Number of children in family _____

GROSS MONTHLY INCOME:	
Type	Amount
Earnings / Wages	_____
TANF /AFDC	_____
Social Security	_____
Unemployment	_____
Child Support	_____
Foster Care Payments	_____
Other	_____

RECEIVING OTHER SERVICES		
Food Stamps	YES	NO
WIC	YES	NO
Fuel Assistance	YES	NO
Mass Health	YES	NO
DCF	YES	NO
Other	_____	

Parent Name

Please circle the program(s) you are interested in applying for. Please note: all full-time options require parents to be working or in school 30 hours/week.

Home Visiting* Family Child Care School Age Center-Based Full-Time Center-Based Part-Time*

*Applicants for these programs will be contacted for an in-person interview to verify eligibility

Parent 1: Are you currently in school/ working?
Yes ____ Full Time ____ Part Time ____ No ____
If Yes Where _____
Phone # _____

Parent 2: Are you currently in school/working?
Yes ____ Full Time ____ Part Time ____ No ____
If Yes Where _____
Phone # _____

Highest level of Education Completed

Parent 1:
Less than high school graduate _____
A high school graduate or GED _____
Associate degree, vocational school or some college _____
An advanced degree or baccalaureate degree ____

Parent 2:
Less than high school graduate _____
A high school graduate or GED _____
Associate degree, vocational school or some college ____
An advanced degree or baccalaureate degree ____

Do you currently have a child/children attending one of our sites? Yes ____ Where? _____ No ____

Are you, or is your child's mother, currently pregnant? Yes ____ No ____

Does your child/children currently have a diagnosed disability (IEP/IFSP)? Yes ____ No ____
(please provide documentation)

Does either parent/guardian have a serious health problem or disability? Yes ____ No ____
(documented by a physician)

Have you experienced recent changes in your housing? Yes ____ No ____

If yes please check: Living with family ____ Living with friend ____ Living in Shelter ____ Other _____

Does your child have a medical concern? Allergy _____ Asthma _____ Medical Diagnosis _____

If so, Please explain _____

Emergency Contact Person (someone that we may contact in the event we are unable to reach you)

Name _____ Phone _____

How did you hear about our Child Care programs? _____

Other Information: (Such as individual Family Service Plan, Educational Plan or in process of receiving one.)

By completing this application, you are placing you name on the state's ECCIMS waitlist for childcare. Your child's name may be selected by any area childcare agencies with an EEC contract.

You will receive a confirmation letter from Child Care Circuit within a couple of weeks.

Referred By: _____
Name Agency Phone #

I give permission for CTI/Early Learning Program to discuss my enrollment status with the referring agency/person noted above.

Parent Signature _____ Date: _____

Reviewed at Enrollment _____ Date: _____

Staff Signature