

Voucher Private Pay Household ID#: _____ FID# _____

PRIMARY PARENT Type of Slot Needed: _____

First Name: _____ Last Name: _____

Application Date:

Month	Day	Year
-------	-----	------

Address Line 1: _____ Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Sex: _____ Female _____ Male Parent Date of Birth: _____

Marital Status: _____ Single _____ Married

Language: _____ Social Security #:

--	--	--

Home Phone:

--	--	--

 Cell Phone:

--	--	--

EMPLOYMENT / TRAINING DETAILS

Type: _____ Employment _____ Education or Training _____ Incapacity _____

Employer Name: _____

INCOME TYPE:

_____ Child Support	_____ Child Support Paid	_____ Employment
_____ Federal Benefits	_____ Food Stamps Self	_____ Housing
_____ Other	_____ Employed Monthly	_____ SSI
_____ TANF-TAFDC	Income: _____	

Child Details: Is child currently enrolled in a program? _____

Name of Program: _____

If yes, what type of slot? _____

Family Type: _____ Standard _____ Foster _____ Guardian

First Name: _____ Last Name: _____

Date of Birth:

Month	Day	Year
-------	-----	------

 Sex: _____ Female _____ Male

Social Security #:

--	--	--

 Grade: _____ Language: _____

Child Details: Is child currently enrolled in a program? _____

Name of Program: _____

If yes, what type of slot? _____

Family Type: _____ Standard _____ Foster _____ Guardian

First Name: _____ Last Name: _____

Date of Birth:

Month	Day	Year
-------	-----	------

 Sex: _____ Female _____ Male

Social Security #:

--	--	--

 Grade: _____ Language: _____

Email completed form to: enrollment@northstarlc.org