YMCA of the Central Bay Area
EARLY CHILDHOOD SERVICES
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ENROLLMENT APPLICATION PREGNANT WOMAN

PLEASE USE BLUE OR BLACK INK AND PRINT LEGIBLY

A. PREGNANT WOMAN INFORMATION

Last Name:	**First Name:**

Birthdate: (MM/DD/YY) / /	**Expected Delivery Date:** (MM/DD/YY) / /	**Parental Status** ❒ Single Parent ❒ Two Parents

Participant's Race (Select all that apply)			**Ethnicity**
❒ American Indian or Alaskan Native	❒ Black/African-American	❒ White	❒ Hispanic/Latino
❒ Asian	❒ Native Hawaiian/Other Pacific Islander	❒ Unspecified	❒ Non-Hispanic

Primary language(s) spoken at home:	**Do you speak English?** ❒ Yes ❒ No

Health Provider (Name of doctor's office/ hospital and phone#):	**Dentist (Name of doctor's office/ hospital and phone#):**	**Health Insurance Type** ❒ Medi-Cal ❒ Healthy Families ❒ Private ❒ None Health Insurance #:_____

Social Security #	**Highest Grade Completed**		**Employment Status**	
	❒ Less than high school	❒ Some College, AA degree	❒ Employed	❒ Unemployed
	❒ HS Grad/GED	❒ BA/BS or advanced degree	❒ Student	❒ Incapacitated
			❒ Employed & Student	❒ Military
				❒ Retired

Street Address:	**Apt #:**	**City:**	**Zip Code:**

Home Phone: ( )	**Cell Phone:** ( )	**Other Phone:** ( )	**E-mail Address:**

Do you receive cash aid (TANF or CalWORKS)? ❒ Yes ❒ No If yes, attach verification (from last 30 days)	**Supplemental Security Income (SSI)?** ❒ Yes ❒ No If yes, attach verification (from last 30 days)

How did you hear about our program? ❒ Family ❒ Friend ❒ Health Provider ❒ WIC ❒ Other (specify): _____
Who referred you to our program? _____

B. OTHER ADULT INFORMATION (N/A IF SINGLE PARENT)

Last Name: **First Name:**	**Birthdate:** (MM/DD/YY) / /	**Relationship to Participant** ❒ Husband ❒ Boyfriend ❒ Other/specify:_____

Social Security #	**Highest Grade Completed**		**Employment Status**	
	❒ Less than high school	❒ Some College, AA degree	❒ Employed	❒ Unemployed
	❒ HS Grad/GED	❒ BA/BS or advanced degree	❒ Student	❒ Incapacitated
			❒ Employed & Student	❒ Military
				❒ Retired

Other Adult's Race (Select all that apply)			**Ethnicity**
❒ American Indian or Alaskan Native	❒ Black/African-American	❒ White	❒ Hispanic/Latino
❒ Asian	❒ Native Hawaiian/Other Pacific Islander	❒ Unspecified	❒ Non-Hispanic

Street Address:	**Apt #:**	**City:**	**Zip:**

Home Phone: ( )	**Cell Phone:** ( )	**Other Phone:** ( )	**E-mail Address:**

Do you receive cash aid (TANF or CalWORKS)? ❒ Yes ❒ No If yes, attach verification (from last 30 days)	**Supplemental Security Income (SSI)?** ❒ Yes ❒ No If yes, attach verification (from last 30 days)

C. FAMILY INFORMATION (write on back of application, if you need more space)

FAMILY INCOME – Include all sources of income for each adult living in the home that provides financial support for the child. Include any salary/wage, self-employment, disability, unemployment, worker's compensation, child support, and alimony.

First and Last Name Enter Primary Adult First	Birthdate (MM/DD/YY)	Relationship to Child	Source of Income	Amount & Frequency Paid (hourly, weekly, 2x/mo, etc)

FAMILY MEMBER INFORMATION (if applicable) – List all family members who are financially supported by parent/guardian of the applying child and are related by blood, marriage or adoption.

First and Last Name	Birthdate (MM/DD/YY)	Relationship to Child	Family Member	Gender
			❑ Adult ❑ Child	❑ Male ❑ Female
			❑ Adult ❑ Child	❑ Male ❑ Female
			❑ Adult ❑ Child	❑ Male ❑ Female

D. ADDITIONAL INFORMATION

1. **Do you have children/family member(s) currently enrolled in our program(s)?**
   ❒ Yes (Center(s):_____) ❒ No

2. **Do you have a medical/health concern/condition that requires special care (i.e. asthma, diabetes, allergies, etc.)?**
   ❒ Yes (Specify:_____) ❒ No

3. **Housing Status (check all that apply, and attach verification):**
   ❒ Living in a shelter ❒ Living in a car/vehicle ❒ Living with a friend/relative due to economic hardship

4. **Do you (and/or your partner, if applicable) have a diagnosed disability?**
   ❒ Yes (Specify & attach verification:_____) ❒ No

5. **Does your family have an active CPS (Child Protective Services) case?**
   ❒ Yes (Specify & attach verification:_____) ❒ No

6. **In order to determine your enrollment priorities, provide documentation of any of the following:**
   ❒ Black Infant Health participant ❒ Mental Health Agency Referral ❒ Domestic abuse/violence victim
   ❒ Incarcerated parent ❒ Other (specify: _____)

7. **What type of transportation do you use?**
   ❒ Private vehicle ❒ Family/friend vehicle ❒ Public transportation ❒ Walk

8. **Are you an employee of the YMCA?** ❒ Yes ❒ No If yes, position: _____

9. **Are you related to an employee of the YMCA?** ❒ Yes ❒ No If yes, name/position: _____

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature: _____ **Date:** _____