

ENROLLMENT INFORMATION/DEMOGRAPHICS



Connections Scholarship Program

Head of Household Information

Name _____ Phone # _____ Date of birth _____

Address _____ City _____ Zip Code _____

Race and Ethnicity- Please circle one

- White
- Black or African American
- Asian
- Native Hawaiian and Other Pacific Islander
- Unknown
- Hispanic
- Non-Hispanic
- American Indian and Alaska Native
- Some other race _____

Income Information

Employer _____

Wage per hour _____ Hours per week _____

Other forms of income (child support, SSI, etc.) _____

Other Parent/Caregiver Information

Name _____ Phone # _____ Date of birth _____

Address _____ City _____ Zip Code _____

Race and Ethnicity- Please circle one

- White
- Black or African American
- Asian
- Native Hawaiian and Other Pacific Islander
- Unknown
- Hispanic
- Non-Hispanic
- American Indian and Alaska Native
- Some other race _____

Income Information

Employer _____

Wage per hour _____ Hours per week _____

Other forms of income (child support, SSI, etc.) _____

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General Questions:

Have you applied for Wisconsin Child Care Subsidy Program? Yes ___ No ___

Do you have childcare debt? Yes ___ No ___ If so, how much? \$_____

Child Care Program_____ #of children in childcare ____

Which do you prefer to receive updates on the Connections Program and Community Events?

Text, mail, phone call or email? _____

Email address _____

Child/Children Information/Demographics

Name	Age	Date of Birth	Gender	Race and Ethnicity

OFFICE USE

Total family size _____

Start date _____

Monthly income _____

Annual income _____

FPL% _____