



to a



# SKIP to a GREAT START Membership Enrollment Form

(2009-2010)

District Name: \_\_\_\_\_

Already Enrolled:  Yes  No

Date of Enrollment into SKIP \_\_\_\_\_

**For Office use only**  
Family No. \_\_\_\_\_

## FAMILY INFORMATION (please print)

Parent/Legal Guardian/Caregiver Name: \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

Address: \_\_\_\_\_  
(Street) (Apt/Lot #) (City) (Zip Code)

Phone & best time to call: \_\_\_\_\_  
(home number) (best time to call) (other number) (best time to call)

Parent/Legal Guardian/Caregiver Name: \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

Address: \_\_\_\_\_  
(Street) (Apt/Lot #) (City) (Zip Code)

Phone & best time to call: \_\_\_\_\_  
(home number) (best time to call) (other number) (best time to call)

(Adult)

(Adult)

Do you have a Doctor?  Yes  No

Do you have health insurance?  Medicaid  Private  None

Marital Status:  Married  Separated  Widowed  Divorced  Single  Living together partner

Total Number of People in the Home: \_\_\_\_\_

List **Children** living in the home:

Name: \_\_\_\_\_ date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ date of birth: \_\_\_\_\_

Are there additional adults in the home?  Yes Relationship: \_\_\_\_\_  
 No

Does anyone in the family have a disability?  Yes if yes, describe: \_\_\_\_\_  
 No

Language most frequently used in the home: \_\_\_\_\_

Total Yearly Family Income:  Less than 14,080  14,080-18,941  18,942-23,803  23,804-28,665  28,666-33,527  33,528-38,389  38,390-43,251  43,252-48,112  48,113 +

How did you learn about SKIP? \_\_\_\_\_

## ALTERNATE CONTACT (friend or relative who does not reside in your home)

Contact Name: \_\_\_\_\_  
(first name) (last name)

Contact Address: \_\_\_\_\_  
(Street) (Apt/Lot #) (City) (Zip Code)

Phone: \_\_\_\_\_ Contact's relationship to family: \_\_\_\_\_

White - GISD Copy

Canary - District Copy

Pink - Parent Copy