



Positive Bright Start Enrollment Application



Child's Name _____
(Last) (First) (Middle) (Nickname)

Address _____
(Street) (City) (Zip Code) (Home Phone)

Date of Birth _____ **Race** _____ **Male** **Female**

Parent/Guardian residing at the above address:

-Mother/Step/Other (circle one) Name _____
(Last) (First)

Phone Number _____ Email _____

What is the best way to contact? _____

-Father/Step/Other (circle one) Name _____
(Last) (First)

Phone Number _____ Email _____

What is the best way to contact? _____

Student lives with: ___ Both parents ___ Mother ___ Father ___ Stepparent ___ Guardian ___ Other

Do you currently receive Section 8 or Public Housing Assistance from the Lawrence Douglas County Housing Authority? Yes No

If yes, is it Section 8 ___ Or Public Assistance ___ ?

Do you currently receive DCF childcare assistance? Yes No

Child care needed: (Please Check the time that applies)

Full Time _____ AM Part Time _____ PM Part Time _____