



**Merritt Academy**

**IDENTIFICATION FORM**

**Child's Legal Name:**

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother Phone \_\_\_\_\_ Father Phone \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_

E-Mail Address \_\_\_\_\_

What name would you like on your child's name tag? \_\_\_\_\_

Annual Income (January 1 – December 31, of the previous year) \$ \_\_\_\_\_

Proof of income must be obtained to be considered for eligibility. (pay stub, tax form)

**Race:** \_\_\_ American Indian or Alaska Native \_\_\_ Native Hawaiian or other Pacific Islander  
 \_\_\_ Asian American \_\_\_ White  
 \_\_\_ Black or African American \_\_\_ Hispanic or Latino

**PARENTAL STATUS**

**NUMBER OF PERSONS**

**NUMBER OF CHILDREN**

( ) one parent ( ) foster In the house \_\_\_\_\_ In the family \_\_\_\_\_  
 ( ) two parent ( ) non In the Family \_\_\_\_\_

**LIST ALL PERSONS WHO LIVE IN THE HOME**

Name	Birthdate	Relationship	Sex	Marital Status	Grade Completed	Occupation

**INCOME (PLEASE LIST ALL SOURCES)**

Name	Employer	Wages (SSI, WIC, Child Support)

**FOR OFFICE USE ONLY: RISK FACTORS**

1. Head Start [ ] Over Income [ ]	5. Primary home lang. other than English [ ]
2. Low family income [ ]	6. Parent/guard. With low edu. Attainment [ ]
3. Diag. disability or identified dev. delay [ ]	7. Abuse/neglect of child or parent [ ]
4. Severe or challenging behavior [ ]	8. Environmental risk [ ]

**FOR OFFICE USE ONLY:**

[ ] Birth Certificate
[ ] Immunization Record
[ ] Proof of Residency
[ ] Proof of Income
___% poverty level