



Communities United, Inc.
Creative Start Children's Centers
4 Militia Drive, Suite 1 Lexington, MA 02421
Telephone: 617-744-6076

Dear Parents/Guardians,

Thank you for inquiring about admission for your child to one of our Creative Start centers, operated by Communities United, Inc. (CUI).

With your Application, you must also submit all of the following items:

- A copy of the Child's Birth Certificate **or** Hospital Birth Record **or** Passport.
***Note: A copy of this document is required for each of the children that you claim as a "Dependent" on your Taxes.*
- A copy of each household parent's/guardian's valid photo I.D.
- A copy of the Child's current (within 1 year for Preschool and for Toddlers the closest physical to enrollment date and subsequent well baby checks) Physical Examination form, completed by a doctor, including:
 - Immunizations
 - Tuberculosis (TB) status
 - Lead test results
 - Hematocrit or Hemoglobin test results
 - Hearing and Vision screening results, if completed by doctor
- Your child's (Applicant) current (within 1 year), Dental Examination form, completed by a dentist

If you are applying for financial assistance, you must also submit, along with the Financial Assistance Form:

- A copy of your most recent income tax return (2019) **or** W-2 form, along with a current letter from your employer(s) stating your current salary and scheduled work hours, **or**
- Copies** of consecutive recent pay stubs for your last month's earnings, **or**
- Proof of current public assistance (TANF award letter) **or** proof of Supplemental Security Income (SSI) **or** Social Security Disability (SSDI) **or** Unemployment (award letters or check stubs), **or**
- A court or notarized letter stating amount of child support or alimony you are receiving.

If your child is receiving services from Early Intervention or the public schools, you must also submit:

- A copy of the Individual Family Service Plan (IFSP) **or** Individual Education Plan (IEP)

When your application is complete, please submit it to the address above.

Feel free to contact our Admissions Office at 617-744-6076 if you have any questions about the application process. We are happy to help!

Thank you,
Admissions Staff



Communities United, Inc.
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 Central Office: 4 Militia Drive, Suite 1 Lexington, MA 02421
 Telephone: 617-744-6076
2020-2021 APPLICATION



Please circle all Creative Start centers you are applying to (indicate 1st choice, if any):

Newton
 573-B Washington Street
 Newton, MA 02458
 (617)527-6689

Waltham
 169 Elm Street
 Waltham, MA 02453
 (781)647-0542

Woburn
 470 Wildwood Avenue
 Woburn, MA 01801
 (781)932-9578

Burlington
 Available
 Spring 2020

Those applying for financial assistance are required to complete an interview at one of the above locations. Once your application is processed, we will call you to schedule your interview.

Child Identifying Information: (All lines must be completed)

First Name: _____ **Middle Name:** _____ **Last Name:** _____

Gender: (Please circle) Male Female **Child's Date of Birth** ____/____/____

Child's Primary Language: _____ (Please circle **Race** & **Ethnicity** below)

Child's Race: American Indian/Alaskan Native Asian Black/African American Bi-Racial/Multi-Racial
 Native Hawaiian/Pacific Islander White Other _____

Child's Ethnicity: Hispanic or Latino Origin Non-Hispanic

Parent/Guardian Information:

First Name: _____ **Last Name:** _____

Gender: (Please circle) Male Female **Parent's Date of Birth:** ____/____/____ **Email:** _____

Street Address: _____ **Home #:** () _____ - _____

City/Town: _____ **Zip Code** _____ **Cell #:** () _____ - _____

Parent's Race: (Please circle) American Indian/Alaskan Native Asian Black/African American Bi-Racial/Multi-Racial
 Native Hawaiian/Pacific Islander White Other _____ **Parent's Primary Language:** _____

Parent's Ethnicity: (Please circle) Hispanic or Latino Origin Non-Hispanic

Relationship to Child: (Please circle) Mother Father Legal Guardian Foster Parent Grandparent Other: _____

Parent/Guardian Information:

First Name: _____ **Last Name:** _____

Gender: (Please circle) Male Female **Parent's Date of Birth:** ____/____/____ **Email:** _____

Street Address: _____ **Home #:** () _____ - _____

City/Town: _____ **Zip Code** _____ **Cell #:** () _____ - _____

Parent's Race: (Please circle) American Indian/Alaskan Native Asian Black/African American Bi-Racial/Multi-Racial
 Native Hawaiian/Pacific Islander White Other _____ **Parent's Primary Language:** _____

Parent's Ethnicity: (Please circle) Hispanic or Latino Origin Non-Hispanic

Relationship to Child: (Please circle) Mother Father Legal Guardian Foster Parent Grandparent Other: _____





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List all members of the Child/Applicant's Immediate Family, including Child/Applicant and Parent/Guardian:

Name of Child/Applicant: _____

Name _____ Date of Birth: _____ Relationship to Child: (***Circle one***)
Parent/Guardian Sister Brother

Name _____ Date of Birth: _____ Relationship to Child: (***Circle one***)
Parent/Guardian Sister Brother

Name _____ Date of Birth: _____ Relationship to Child: (***Circle one***)
Parent/Guardian Sister Brother

Name _____ Date of Birth: _____ Relationship to Child: (***Circle one***)
Parent/Guardian Sister Brother

Name _____ Date of Birth: _____ Relationship to Child: (***Circle one***)
Parent/Guardian Sister Brother

PLEASE ANSWER THE FOLLOWING QUESTIONS SO THAT WE MAY BEST SERVE YOUR FAMILY:

Information about the child you are applying for: (*Circle answer for each question*)

- Do you have any concerns about your child's development (ex: speech delays)? **YES or NO**
- **If yes, what are your concerns?** _____
- Has your child been screened by Early Intervention or the Public School System? **YES or NO**
- **If yes, does the applicant have an IFSP or IEP? YES or NO**
If yes, please submit a copy of the full IFSP or IEP with your application
- Does your child have asthma or allergies? **YES or NO**
- **If yes, please specify:** _____
- Is your child being treated by a doctor for any medical issues? **YES or NO**
- **If yes, what are the medical issues?** _____

PLEASE LET US KNOW HOW YOU HEARD ABOUT US: FRIEND ADVERTISEMENT INTERNET
 FLYER/BROCHURE OTHER (*PLEASE SPECIFY*) _____

Parent/Guardian Signature: _____ Date: _____

By signing this document, I declare that the information above is true to the best of my knowledge. I also recognize that any information that's incorrect on this form can result in my child's termination from the programs at CUI.

In providing services to children and their families, Communities United Inc. does not discriminate on the basis of race, color, national origin, sex, disability, or reprisal or retaliation for prior civil rights activity.

APPLICATION VALID UNTIL JANUARY 31, 2021