

2023 Child Care and Prek Application

<p>First Parent:</p> <p>Name: _____ Birthdate: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Email Address: _____</p> <p>Employer Name: _____ Work Phone #: _____</p> <p>Cell #: _____ Soc Sec #: _____</p> <p>Highest level of Education completed: _____</p>	<p style="text-align: center;">CENTER USE ONLY</p> <p>APP FEE DATE: _____</p> <p>STAFF INITIALS: _____</p> <p>ADMISSION DATE: _____</p> <p>ROOM: _____</p> <p>SCHEDULE: _____</p> <p>COMMENTS: _____</p>
<p>Second Parent:</p> <p>Name: _____ Birthdate: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Email Address: _____</p> <p>Employer Name: _____ Work Phone #: _____</p> <p>Cell #: _____ Soc Sec #: _____</p> <p>Highest level of Education completed: _____</p>	

<p>Child:</p> <p>Name: _____ Birthdate: _____</p> <p>Address: _____ City: _____ State: _____</p> <p>Social Security #: _____</p> <p>Sex: Male Female Ethnicity: Hispanic or Latino Non-Hispanic</p> <p>Race: White Black/African Amer. Amer. Indian or Alaskan Native</p> <p style="padding-left: 40px;">Asian Native Hawaiian or Other Pacific Islander</p> <p>What language is spoken in your home? English Other (Specify) _____</p>	<p>Schedule:</p> <p><input type="checkbox"/> child care only</p> <p style="text-align: center;">IN OUT</p> <p>M _____ <input type="checkbox"/> drop-in only</p> <p>T _____</p> <p>W _____ <input type="checkbox"/> preschool only</p> <p style="text-align: right;">AM PM</p> <p>Th _____</p> <p>F _____ <input type="checkbox"/> child care/prek</p>
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List the names of ALL Household Members	<u>Monthly Earnings</u> from work (before deductions)	Monthly welfare child support, etc	Monthly Social Security, SSI, etc	All other Income

Emergency Contact/ Authorized Pick-up People:

Name: _____

Address: _____

Phone #: _____ Second Phone #: _____ Relationship to child: _____

Emergency Contact: Yes No Authorized to Pick up: Yes No

Emergency Contact/ Authorized Pick-up People:

Name: _____

Address: _____

Phone #: _____ Second Phone #: _____ Relationship to child: _____

Emergency Contact: Yes No Authorized to Pick up: Yes No

Signature _____ Date: _____