

# 2025 Child Care and Prek Application

<b>First Parent:</b>	<b>CENTER USE ONLY</b>
Name: _____ Birthdate: _____	APP FEE DATE: _____
Address: _____	STAFF INITIALS: _____
City: _____ State: _____ Zip: _____	ADMISSION DATE: _____
Email Address: _____	ROOM: _____
Employer Name: _____ Work Phone #: _____	SITE REQ: _____
Cell #: _____ Soc Sec #: _____	COMMENTS: _____
Highest level of Education completed: _____	

<b>Second Parent:</b>	
Name: _____ Birthdate: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
Email Address: _____	
Employer Name: _____ Work Phone #: _____	
Cell #: _____ Soc Sec #: _____	
Highest level of Education completed: _____	

<b>Child:</b>	<b>Schedule:</b>
Name: _____ Birthdate: _____	<input type="checkbox"/> child care only
Address: _____ City: _____ State: _____	IN OUT
Social Security #: _____	M _____ <input type="checkbox"/> drop-in only
Sex: Male Female Ethnicity: Hispanic or Latino Non-Hispanic	T _____
Race: White Black/African Amer. Amer. Indian or Alaskan Native	W _____ <input type="checkbox"/> preschool only
Asian Native Hawaiian or Other Pacific Islander	Th _____ AM PM
What language is spoken in your home? English Other (Specify) _____	F _____ <input type="checkbox"/> child care/prek

List the names of ALL Household Members	Monthly Earnings 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:** \_\_\_\_\_