

# 2024 Child Care and Prek Application

<b><u>First Parent:</u></b> Name: _____ Birthdate: _____ Address: _____ City: _____ State: _____ Zip: _____ Email Address: _____ Employer Name: _____ Work Phone #: _____ Cell #: _____ Soc Sec #: _____ Highest level of Education completed: _____				<b>CENTER USE ONLY</b>  APP FEE DATE: _____ STAFF INITIALS: _____  ADMISSION DATE: _____ ROOM: _____  SITE REQ: _____  COMMENTS: _____ _____ _____ _____	
<b><u>Second Parent:</u></b> Name: _____ Birthdate: _____ Address: _____ City: _____ State: _____ Zip: _____ Email Address: _____ Employer Name: _____ Work Phone #: _____ Cell #: _____ Soc Sec #: _____ Highest level of Education completed: _____					
<b><u>Child:</u></b> Name: _____ Birthdate: _____ Address: _____ City: _____ State: _____ Social Security #: _____  Sex: Male Female Ethnicity: Hispanic or Latino Non-Hispanic Race: White Black/African Amer. Amer. Indian or Alaskan Native Asian Native Hawaiian or Other Pacific Islander What language is spoken in your home? English Other (Specify) _____				<b><u>Schedule:</u></b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> child care only  <input type="checkbox"/> drop-in only  <input type="checkbox"/> preschool only  <input type="checkbox"/> child care/prek           </div> <div>             IN OUT              M _____              T _____              W _____              Th _____              F _____           </div> <div>             AM PM           </div> </div>	
List the names of <b>ALL</b> Household Members	<b><u>Monthly Earnings</u></b> from work (before deductions)	Monthly welfare child support, etc	Monthly Social Security, SSI, etc	All other Income	
<b><u>Emergency Contact/ Authorized Pick-up People:</u></b>					
Name: _____					
Address: _____					
Phone #: _____ Second Phone #: _____ Relationship to child: _____					
Emergency Contact: Yes No Authorized to Pick up: Yes No					
<b><u>Emergency Contact/ Authorized Pick-up People:</u></b>					
Name: _____					
Address: _____					
Phone #: _____ Second Phone #: _____ Relationship to child: _____					
Emergency Contact: Yes No Authorized to Pick up: Yes No					

Signature \_\_\_\_\_ Date: \_\_\_\_\_