2024 Child Care and Prek Application

Name:	First Parent:			CENTER USE ON	LY	
State	Name:	Birth	date:			
Email Address:	Address:				APP FEE DATE:	
Monthly Black/African Amer. Amer. Indian or Alaskan Native	City:	State:	Zip:	STAFF INITIALS:		
Cell #: Soc Sec # Highest level of Education completed: Second Parent: Name: Birthdate: Address: City: State: Zip: COMMENTS: Email Address: Employer Name: Work Phone #: Soc Sec # Highest level of Education completed: Child: Soc Sec # Highest level of Education completed: Child: State: Sitate: Schedule: Child care only Name: Birthdate: IN OUT Address: City: State: M Grop-in only Social Security #: T W Grop-in only Social Security #: T W Grop-in only Sex: Male Female Ethnicity: Hispanic or Latino Non-Hispanic Th AM PM Race: White Black/African Amer. Amer. Indian or Alaskan Native Asian Native Hawilian or Other Pacific Islander What language is spoken in your home? English Other (Specify) List the names of ALL Monthly Earnings Monthly welfare Child support, etc Child support Child support Child Security, SSI, etc Ch	Email Address:	_	_			
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Date:_____

Signature_____