

2022 Child Care/Pre-k Application

First Parent:
 Name: _____ Birthdate: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Email Address: _____ Soc Sec #: _____
 Employer Name: _____
 Work Phone #: _____ Cell #: _____
 Highest level of Education completed: _____

CENTER USE ONLY
 APP FEE DATE: _____
 STAFF INITIALS: _____
 ADMISSION DATE: _____
 ROOM: _____
 SCHEDULE: _____
 COMMENTS: _____

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

Child: Name: _____ Birthdate: _____
 Address: _____ City: _____ State: _____
 Home Phone #: _____ 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) _____

Schedule: child care only
 IN OUT
 M _____ drop-in only
 T _____
 W _____ preschool only
 Th _____ AM PM
 F _____ child care/prek

List the names of ALL Household Members	Monthly Earnings <small>from work (before deductions)</small>	Monthly welfare <small>child support, etc</small>	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: _____