

APPLICATION FOR SCHOOL READINESS

Office Use Only:	_____ / _____ / _____ (Eligibility Code) (Eligibility Authorized From) (Redetermination Date)
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SECTION I. PARENT/GUARDIAN INFORMATION

Applicant: Last Name First Name MI				In-Home Spouse/Other Parent: Last Name First Name MI			
Birth Date	Gender	Marital Status	Social Security #	Date of Birth	Gender	Social Security #	
Race (circle) White African American Asian Native Hawaiian/Pacific Islander Other Multi-Racial American Indian/Alaskan Native				Race (circle) White African American Asian Native Hawaiian/Pacific Islander Other Multi-Racial American Indian/Alaskan Native			
Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No		Birthplace: Country		Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No		Birthplace: Country	
Education Level (Degree or Last grade completed):			Primary Language	Education Level (Degree or Last grade completed):			Primary Language
Residential Address: Number, Street, Apt. or Lot Number				City	State	Zip code	
Mailing Address (If different from above): Number, Street or PO Box				City	State	Zip code	
Household Situation: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other							
Home Phone No:			Work Phone No:		Email Address:		Cell Phone:

SECTION II. CHILD(REN) REQUIRING CARE (Age 0-12) – PLEASE LIST YOUNGEST CHILD FIRST

Name of Child(ren) Needing Care: Last Name First Name MI	Relationship to Applicant	Race	Gender	Social Security #	Birth Date	Birthplace: Country
1.						
2.						
3.						
4.						
5.						
6.						

SECTION III. ALL OTHER HOUSEHOLD MEMBERS INFORMATION

Names of Other Household Members: Last Name First Name MI	Relationship to Applicant	Relationship to Each Child Above	Race	Gender	Social Security #	Birth Date	Birthplace: Country	Vet? Y/N
1.								
2.								
3.								
4.								

APPLICANT CERTIFICATION: I hereby certify that the information given on the application is true and complete to the best of my knowledge. I understand that if I knowingly give wrong information, I may be liable for prosecution under state law and that my services may be terminated. I have been informed that providing a social security number is not required as a condition for child care enrollment.

Parent/Guardian Signature

Date