

Ready Start Child Care Application

CHILD INFORMATION

CHILD NAME: FIRST, MIDDLE INITIAL, LAST	AGE	DOB (mm/dd/yy)	MALE OR FEMALE
FOSTER CHILD?	YES	NO	
HOMELESS CHILD?	YES	NO	
SPECIAL NEEDS?	YES	NO	

EXPECTED DAYS OF PARTICIPATION: ___ MONDAY ___ TUESDAY ___ WEDNESDAY ___ THURSDAY ___ FRIDAY

HOUSEHOLD INFORMATION

(Must provide income for all adults in household)

LIST EVERYONE IN HOUSEHOLD (including child listed above)	RELATIONSHIP	GROSS INCOME	HOW OFTEN RECEIVED	CHECK IF NO INCOME

PARENT/GUARDIAN INFORMATION

ARE YOU WORKING?	YES	NO	HOW MANY HOURS PER WEEK?		WHERE?		ACTIVELY SEEKING WORK?	YES	NO
ARE YOU IN SCHOOL?	YES	NO	HOW MANY HOURS PER WEEK?		WHERE?		ACTIVELY SEEKING SCHOOL?		

PRINT NAME _____ SIGNATURE _____
 DATE _____
 ADDRESS _____ PHONE NUMBER _____

CHILD CARE CENTER CHOICE

___ A GARDEN OF ANGELS LEARNING CENTER ___ HOLMES HOUSE CHILD CARE CENTER
 ___ BRIGHT STAR CHILD CARE CENTER ___ PRECIOUS TOTS

FOR OFFICE USE ONLY: ELIGIBILITY DETERMINATION ___ YES ___ NO ANNUAL INCOME _____ PGL _____
 DETERMINING OFFICIAL'S SIGNATURE _____ DATE _____