

Application

L DADENT #4 DDOCUE /Fields reserved	ith * and no anning d and do	unt ba annoulated)					
I. PARENT #1 PROFILE (Fields marked w For the purpose of completing this application			hi of a minor as at Natur	al or adoptivo			
parent, legal guardian; person who stands in							
Parent First Name *	Parent Middle Name	Parent Last Name *	ar customy of the minor	Parent Suffix			
Ethnicity *	☐ Hienania ☐ Non Hie	nania 🗆 Drafar nat ta	2001101				
Race(s) Check those that apply. *	☐ Hispanic ☐ Non- His	spanic - Prefer not to a	answei				
Race(s) check those that apply.	☐ Asian ☐ Hawaiian / Pacific ☐ Black ☐ US Indian / Alaskan ☐ White						
	□ Prefer not to answer						
Gender *	Marital Status *	DD/YYYY]					
	☐ Single ☐ Married ☐ Separated						
☐ Male ☐ Female	☐ Divorced ☐ Widow		/	/			
Are you currently active duty (serving full-ti							
Are you a member of the National Guard or	Military Reserve Unit? *	□ Yes □ No					
Social Security Number (Not Required)							
Your social security number is not required bu							
the Office of Early Learning, Department of E				ocial security number,			
it will be used for routine identification of you ADDITIONAL PARENT #1 PROFILE INFOR				1			
Do you have a form from another agency tit	•	·	id must be completed,				
bo you have a form from another agency the	ied Cilid Care Application	and Admonization:					
☐ Yes ☐ No							
Are you currently working at least 20 hours	per week, or if there are tw	o parents in the housel	nold, are both of you wo	rking for a combined			
40 hours per week? * If yes, you are required to complete the Employment section.							
Yes No							
Are you enrolled and attending school? * If yes, you are required to complete the School/Training section.							
☐ Yes ☐ No							
Are you attending school and working? * If yes, you are required to complete the School/Training tab AND the Employment sections.							
The you attending senior and working: If yes, you are required to complete the senior/ framing tab AND the employment sections.							
☐ Yes ☐ No							
Are you disabled or unable to work as documented by a physician or a letter from the Social Security Administration awarding you disability							
benefits? *							
☐ Yes ☐ No PARENT #1 CONTACT INFORMATION (Fields	marked with * are reau	ired and must be com	nleted				
Are you are currently homeless or located as				email address where			
you can be reached. □ Yes □ No	t a Bomestic Violence Sheri	er. IJ yes, pieuse muieu	te a priorie namber ana	eman dadress where			
Primary Residence Address *	Apt, Suite, etc.		City *				
,	, , , , , , , , , , , , , , , , , , , ,						
	County *	State *	Zip Code *				
	County	State	Zip Code				
Mailing address if different from above *	Apt, Suite, etc.		City *				
	County *	State *	Zip Code *				
			p				
Primary Contact Phone Number *	Email Address *						



Application

PARENT #1 CONTACT INFORMATION CONT	NUED(Fields marked with	n * are req	uired and must be cor	npleted)	
Secondary Contact Phone Number	Prefe	rred Method of Con	tact *			
	□Pri	mary phone number	- □Ema	il ☐ Mailing Address		
What is the primary language spoken at hor						
What is the primary language spoken at home? □ English □ Spanish □ Native Central, South American and Mexican languages (e.g., Mixteco, Quichean) □ Caribbean Languages (e.g., Haitian-Creole, Patois) □ Middle Eastern and South Asian Languages (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali) □ East Asian Languages (e.g., Chinese, Vietnamese, Tagalog) □ Native North American/Alaska Native Languages □ Pacific Island Languages (e.g., Palauan, Fijian) □ European and Slavic Languages (e.g., German, French, Italian, Croatian, Yiddish, Portuguese, Russian) □ African Languages (e.g., Swahili, Wolof) □ Other (e.g., American Sign Language) □ Unspecified (Unknown or head of household declined to identify home language)						
II. EMPLOYMENT INFORMATION (Fields	marke	d with * are requi	red and m			
Employer Name * (If you are self-employed, write "self-employed" here) Employer Phone Number *						
Employer Address		City		State	Zip Code	
ow often do you get paid? * Rate of Pay (How much do you make per hour?) * Number of hours pure worked? *				-		
☐ Daily ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Semi-monthly	•				-	
Seasonal Employee? * ☐ Yes ☐ No	sonal Employee? * \square Yes \square No Are you a school board employee that works less than 12 months? * \square Yes \square No					s? * 🗌 Yes 🗌 No
Do you have child support and/or alimony to	aken ou	it of your paycheck	? * □ Yes	□ No		
Upon submission of child support and/ or alim be excluded from your gross annual income c			ng the dedu	ction from your paycheci	the annual (amount deducted will
III. SCHOOL OR TRAINING INFORMATIO	N (Field	ds marked with * o	are require			
Name of School or Training Facility *				Phone Number for Sch	nool or Traini	ing Facility *
School or Training Facility Address	City			State	Zip Code	
IV. PARENT #2 PROFILE (Fields marked with * are required and must be completed)						
For the purpose of completing this application		•				•
Parent First Name *	ho stands in loco parentis to the minor or person who has legal custody of the minor by order of a court. Parent Middle Name Parent Last Name * Parent Suffix					
Ethnicity *	☐ Hi:	spanic 🗆 Non- His	panic \square Pi	refer not to answer		
Race(s) Check those that apply. *		-	-			
	☐ Asian ☐ Hawaiian / Pacific ☐ Black ☐ US Indian / Alaskan ☐ White ☐ Prefer not to answer					



Application

	11 1 1 1 1				
IV. PARENT #2 PROFILE CONTNUED (Fie		quired and must be co			
Gender *	Marital Status *		Date of Birth * [MN	I/DD/YYYY]	
	☐ Single ☐ Married	N □ Congrated			
☐ Male ☐ Female	☐ Single ☐ Married ☐ Divorced ☐ Widow	'	,	1	
Are you currently active duty (serving full-ti			,	•	
Are you a member of the National Guard or	-				
Social Security Number (Not Required)					
Your social security number is not required by the Office of Early Learning, Department of E it will be used for routine identification of you	Education, school districts an ur school readiness applicat	nd early learning coalitio ion and eligibility and en	ons. If you submit you nrollment records.	social security number,	
ADDITIONAL PARENT #2 PROFILE INFO	RMATION(Fields marked	with * are required ar	nd must be complet	ed)	
Do you have a form from another agency ti	tlad Child Caro Application	and Authorization?	Voc. □ No		
Do you have a form from another agency till Are you currently working at least 20 hours				working for a combined	
40 hours per week? * If yes, you are require	-	•	iola, are both or you	working for a combined	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,				
☐ Yes ☐ No					
Are you enrolled and attending school? * If	yes, you are required to co	mplete the School/Train	ning section.		
☐ Yes ☐ No					
Are you attending school and working? * If	ves, you are required to co	mplete the School/Trai	ning tab AND the Em	ployment sections.	
Are you attending school and working. If yes, you are required to complete the school, training tab Arto the Employment sections.					
☐ Yes ☐ No					
Are you disabled or unable to work as documented by a physician or a letter from the Social Security Administration awarding you disability					
benefits? *					
☐ Yes ☐ No					
PARENT #2 CONTACT INFORMATION (Field:	s marked with * are reau	ired and must he com	nleted)		
Are you are currently homeless or located a				nd email address where	
you can be reached. ☐ Yes ☐ No		,,,,,	,		
Primary Residence is the same as Parent #1	? (If no, please complete th	e below information) [☐ Yes ☐ No		
Primary Residence Address *	Apt, Suite, etc.		City *		
	County *	State *	Zip Code *		
Mailing address if different from above *	Apt, Suite, etc.		City *		
	Apr., June, etc.				
	County *	State *	Zip Code *		
Primary Contact Phone Number *	Email Address *				
,					
Secondary Contact Phone Number	Preferred Method of Cor	ıtact *			
	□ Primary phone number □ Fmail □ Mailing Address				



Application

PARENT #2 CONTACT INFORMATION CO	ONTINUED /	Fields marked with	n * are real	uired and must k	ne complete	nd)	
		rieius iliurkeu witi	i ure requ	aneu unu must L	e complete	:u)	
What is the primary language spoken o	it nome:						
□English							
□ □ Spanish							
	1 a: aa la a.		(د د د داد نیز				
□ Native Central, South American and M	_		Quicnean)				
□Caribbean Languages (e.g., Haitian-Cr							
☐Middle Eastern and South Asian Langu			li, Urdu, Ber	igali)			
☐East Asian Languages (e.g., Chinese, V		「agalog)					
□Native North American/Alaska Native							
☐Pacific Island Languages (e.g., Palauan	, Fijian)						
☐European and Slavic Languages (e.g.,	German, Frei	nch, Italian, Croatiar	n, Yiddish, Po	ortuguese, Russiar	າ)		
□African Languages (e.g., Swahili, Wolo	f)						
☐Other (e.g., American Sign Language)							
☐Unspecified (Unknown or head of hou	sehold decli	ned to identify hom	e language)				
V. EMPLOYMENT INFORMATION (F	ields marke	d with * are requi	red and mi	ust be completed	d)		
Employer Name * (If you are self-emplo	yed, write "	'self-employed" her	e)	Employer Phone	Number *		
		1					
Employer Address		City		State	Zip (Zip Code	
How often do you get paid? *		Rate of Pay (How	much do vo	u maka nar haur	2) * Num	abor .	of hours nor wook
How often do you get paid?		Rate of Pay (How	much do yo	ou make per nour	-	ked? *	of hours per week
☐ Daily ☐ Weekly ☐ Bi-We	okly	Annual Income?			wor	keu:	
1	екту	Annual Income?					
☐ Monthly ☐ Semi-monthly							
Seasonal Employee? * ☐ Yes ☐ No Are you a school board employee that works less than 12 months? * ☐ Yes ☐ No							
Do you have child support and/or alimony taken out of your paycheck? ★ □ Yes □ No							
Upon submission of child support and/or alimony documentation verifying the deduction from your paycheck the annual amount deducted will							
be excluded from your gross annual income calculation.							
VI. SCHOOL OR TRAINING INFORMA	ATION (Field	ds marked with * a	are require	d and must he c	omnleted)		
Name of School or Training Facility *	111011 (7701	ao mamoa man		Phone Number f		Train	ing Facility *
l and a conservation of the conservation of th							
		1			1		
School or Training Facility Address		City		State	Zip	Code	
VII. CHILD #1 PROFILE (Fields marke	d with * are	required and mu	st be comp	leted)			
Child First Name *	Child Midd		Child Last				Child Suffix
Ethnicity *	Pacals) Ch	eck those that appl	*	Gender *	Data of Bi	+h * [MM/DD/YYYY]
Ethnicity	Race(s) Cii	eck those that appl	y.	Gender	Date of Bil	ui [ן זיזיז לטטלוואוו
☐ Hispanic	☐ Asian	☐ Hawaiian / Pa	acific				
☐ Non- Hispanic				□ Male			
☐ Prefer not to answer	□ Black □ US Indian / Alaskan □ Male □ White □ Prefer not to answer □ Female /					1	
	☐ White	rent Individual Edu		+	ianation2*	C	/
U. S. Citizen or lawfully entered alien for permanent residence? *		or Individual Family		Have a 504 des	ignation		rently participate in ead Start Program? *
loi permanent residence:	Plan (IFSP)		Sei vice			апе	au Start Program:
	1 1411 (11 31)	•					
☐ Yes	☐ Yes			☐ Yes		□ Y	'es
□ No	□ No			□ No			
Child Social Security Number (Not Required)							
Your child's social security number is no		ut requested under	s 119 N71/	5)(a)2 and 119 00	92 FS for	ISP in	the records and data
systems of the Office of Early Learning, E					-		
number, it will be used for routine identity	•						•



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SAMPLE

VII. CHILD #1 P	ROFILE CONTINUED	(Fields marked wit	h * are required and n	nust be completed)
Child Care is needed for the following days * (Check all the apply)		Type of Child Care Needed * (Check all that apply)		Parent #1's Relationship to the Child *
				☐ Parent ☐ Foster Parent ☐ Guardian ☐ Relative ☐ Other
☐ Sunday	☐ Thursday			Parent #2's Relationship to the Child *
\square Monday	☐ Friday	☐ Full-time	☐ Part-time	·
☐ Tuesday	☐ Saturday	☐Before-school	\square After-school	☐ Parent ☐ Foster Parent ☐ Guardian ☐ Relative
☐ Wednesday		☐ Days school is ou	ıt	□Other

REMAINING PAGE INTENTIONALLY LEFT BLANK. PLEASE CONTINUE TO THE NEXT PAGE.



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CHILD #2 PROFII	E (Fields marked wi	th * are required and	I must be completed	1)			
Child First Name*	•	Child Middle Name Child Last Na		<u>, </u>		Child Suf	fix
Cima i not itame		cinia iviidale ivanie	Cima zast i			Cima sur	
Ethnicity*		Race(s) Check those	that apply. *	Gender *	Date of Bir	th* [MM/DD/YY	YYY]
□ Hispania		☐ Asian ☐ Hawaiian / Pacific					
☐ Hispanic			Indian / Alaskan	☐ Male			
☐ Non- Hispanic☐ Prefer not to a	201101	☐ White ☐ Pre	☐ Iviale	,	1		
	wfully entered alien			/ (anation)*	Commonator monati	oinoto in	
for permanent re		Have a current Individual Educational Plan (IEP) or Individual Family Service		Have a 504 desi	gnation	Currently parti a Head Start Pr	
loi permanent re	siderice:	Plan (IFSP)? *	iai raililly Service			a ricau Start Fi	ograiii:
		Tian (ii 5i):					
☐ Yes		☐ Yes	☐ Yes		□ Yes		
□ No		□ No		□ No		□ No	
Child Social Secur	ity Number (Not Requ	ired)					
			1 1 440 074/5	:1/ 12 / / / / / /	2.56.6	,	
		t required but request epartment of Education					
, , , ,,	, ,	epartment of Education fication of your school		,		•	iai security
	led for the following	Type of Child Care N				to the Child *	
days * (Check all t	_	(Check all that apply		Parent #15 N	eiationsnip	to the Child	
days (check all	ine apply/	(Check all that apply	,	□Parent □	Foster Daren	t □Guardian	Relative
				Other	☐ Parent ☐ Foster Parent ☐ Guardian ☐ Relative ☐ Other		
☐ Sunday	☐ Thursday			Parent #2's Relationship to the Child *			
☐ Monday	☐ Friday	☐ Full-time	□Part-time	Turche n2 3 h	ciationsinp	to the child	
☐ Tuesday	☐ Saturday	☐Before-school	☐After-school	□Parent □	Foster Paren	t □Guardian	Relative
☐ Wednesday	,	☐ Days school is out	□Other				
CHILD #3 PROFILE (Fields marked with * are required and must be completed)							
Child First Name*	•	Child Middle Name	Child Last I	•		Child Suf	fix
Ethnicity*		Race(s) Check those	that apply *	Gender *	Date of Rig	 th * [MM/DD/Y	vvv1
Limitity		Race(s) Check those	шис ирргу.	Gender	Date of bil		,
☐ Hispanic		│	vaiian / Pacific				
☐ Non- Hispanic			Indian / Alaskan	☐ Male			
☐ Prefer not to a	nswer		fer not to answer	☐ Female	/	/	
	wfully entered alien	Have a current Indiv		Have a 504 des	gnation?*	Currently parti	cipate in
for permanent re		Plan (IEP) or Individu			6	a Head Start Pr	-
		Plan (IFSP)? *	•				Ū
☐ Yes		☐ Yes		☐ Yes		☐ Yes	
□ No		□ No		□ No		□ No	
Child Social Secur		!					
	ity Number (Not Requ	irea)					
Your child's social			ed under s. 119.071(5	i)(a)2. and 119.09	02. F.S for u	se in the records	s and data
	security number is no	irea) It required but request Department of Education					
systems of the Off	security number is no ice of Early Learning, D	t required but request	n, school districts and e	early learning coa	litions. If you	submit your soci	
systems of the Off number, it will be	security number is no ice of Early Learning, D	t required but request epartment of Educatio	n, school districts and e readiness application o	early learning coa	litions. If you enrollment	submit your soci records.	
systems of the Off number, it will be	security number is no ice of Early Learning, D used for routine identi led for the following	t required but request epartment of Educatio fication of your school	n, school districts and e readiness application o eeded *	early learning coa and eligibility and	litions. If you enrollment	submit your soci records.	
systems of the Off number, it will be Child Care is need	security number is no ice of Early Learning, D used for routine identi led for the following	t required but request epartment of Educatio fication of your school Type of Child Care N	n, school districts and e readiness application o eeded *	early learning coa and eligibility and Parent #1's R	litions. If you enrollment elationship	submit your soci records.	ial security
systems of the Off number, it will be Child Care is need days * (Check all	security number is no lice of Early Learning, D used for routine identi ded for the following the apply)	t required but request epartment of Educatio fication of your school Type of Child Care N	n, school districts and e readiness application o eeded *	early learning coa and eligibility and Parent #1's R	litions. If you enrollment elationship Foster Paren	submit your soci records. to the Child *	ial security
systems of the Off number, it will be Child Care is need days * (Check all	security number is not size of Early Learning, Dused for routine identified for the following the apply)	t required but request epartment of Educatio fication of your school Type of Child Care N (Check all that apply	n, school districts and e readiness application e eeded *)	early learning coa and eligibility and Parent #1's R	litions. If you enrollment elationship Foster Paren	submit your soci records. to the Child *	ial security
systems of the Off number, it will be Child Care is need days * (Check all	security number is not size of Early Learning, Dused for routine identified for the following the apply) Thursday	t required but request epartment of Education fication of your school Type of Child Care N (Check all that apply	n, school districts and o readiness application o eeded *) □Part-time	early learning coa and eligibility and Parent #1's R	litions. If you enrollment elationship Foster Paren	submit your soci records. to the Child *	ial security
systems of the Off number, it will be Child Care is need days * (Check all	security number is not size of Early Learning, Dused for routine identified for the following the apply)	t required but request epartment of Education fication of your school Type of Child Care N (Check all that apply	n, school districts and e readiness application e eeded *)	Parent #1's R Parent #1's R Parent □ Other Parent #2's R	litions. If you enrollment elationship foster Paren elationship	submit your soci records. to the Child *	□ Relative

Please make additional copies of this sheet for additional children in need of care that are not named above.



Application

SAMPLE

VIII. OTHER HOUSEHOLD MEMBERS (Fields marked with * are required and must be completed) Other Household Members include children living in household not in need of care. First Name *							
Ethnicity * Hispanic Non- Hispanic Prefer not to answer Race(s) Check those that apply. * Asian							
Race(s) Check those that apply. * Asian							
Race(s) Check those that apply. * Asian							
Asian							
Gender *							
Gender *							
Male Female							
Female							
Child Step Child Mother Father Aunt Uncle Sibling Sibling's Child Grand Child None of the above First Name * Middle Name Last Name * Suffix Ethnicity Hispanic Non-Hispanic Prefer not to answer Race(s) Check those that apply. * Asian Hawaiian / Pacific Black US Indian / Alaskan White Prefer not to answer Gender * Date of Birth* [MM/DD/YYYY]							
First Name * Middle Name Last Name * Suffix Ethnicity *							
First Name * Middle Name Last Name * Suffix Ethnicity *							
Ethnicity*							
Ethnicity*							
Race(s) Check those that apply. * Asian Hawaiian / Pacific Black US Indian / Alaskan White Prefer not to answer Gender * Male Date of Birth* [MM/DD/YYYY]							
Race(s) Check those that apply. * Asian Hawaiian / Pacific Black US Indian / Alaskan White Prefer not to answer Gender * Male Date of Birth* [MM/DD/YYYY]							
☐ Asian ☐ Hawaiian / Pacific ☐ Black ☐ US Indian / Alaskan ☐ White ☐ Prefer not to answer Gender * ☐ Date of Birth* [MM/DD/YYYY] ☐ Male							
Gender * Date of Birth* [MM/DD/YYYY] □ Male							
Gender * Date of Birth* [MM/DD/YYYY] □ Male							
□ Male							
□ Female							
Relationship to Parent #1 *							
☐ Child ☐ Step Child ☐ Mother ☐ Father ☐ Aunt ☐ Uncle ☐ Sibling ☐ Sibling's Child ☐ Grand Child ☐ None of the above							
First Name * Middle Name Last Name * Suffix							
The real control of the re							
Ethnicity *							
Race(s) Check those that apply. *							
☐ Asian ☐ Hawaiian / Pacific ☐ Black ☐ US Indian / Alaskan ☐ White ☐ Prefer not to answer							
Gender * Date of Birth * [MM/DD/YYYY]							
□ Male							
□ Female / / /							
Relationship to Parent #1 *							
☐ Child ☐ Step Child ☐ Mother ☐ Father ☐ Aunt ☐ Uncle ☐ Sibling ☐ Sibling's Child ☐ Grand Child ☐ None of the above							

Please make additional copies of this sheet for additional household members that are not named above.



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IX. OTHER INCOME (Fields marked with * are required and mus	st be completed)				
Person Full Name Earning Other Income:					
Income Source * (Check all that apply)					
□Alimony					
☐ Child Support					
☐ Dividends Interest					
☐ Food Stamps (Not included in calculation. Federal reporting require	ment)				
□Pension					
☐ Retirement Benefits					
□Social Security (SSI)					
☐ Temporary Assistance for Needy Families (TANF)					
☐ Unemployment Compensation					
□Veterans Benefits					
☐ Workers Compensation					
Other					
Amount Received Monthly *	Note				
· ·					
Person Full Name Earning Other Income:					
Income Source * (Check all that apply)					
□ Alimony					
☐ Child Support					
□ Dividends Interest					
☐ Food Stamps (Not included in calculation. Federal reporting requirement) ☐ Pension					
□ Pension □ Retirement Benefits					
□Social Security (SSI)					
☐ Temporary Assistance for Needy Families (TANF)					
☐ Unemployment Compensation					
□ Veterans Benefits					
□Workers Compensation					
Other Amount Received Monthly * Note					
Amount Received Worthly	Note				
Person Full Name Earning Other Income:					
Income Source * (Check all that apply)					
□ Alimony					
☐ Child Support					
Dividends Interest					
☐ Food Stamps (Not included in calculation. Federal reporting requirement)					
Pension					
Retirement Benefits					
Social Security (SSI)					
☐ Temporary Assistance for Needy Families (TANF)					
☐ Unemployment Compensation					
□ Veterans Benefits					
☐ Workers Compensation					
□Other					
Amount Received Monthly *	Note				

Please make additional copies of this sheet for other income sources received in the household.



Application

X. DOCUMENTATION (Fields marked with * are required and must be completed	d)			
If you are currently working AND enrolled in school, please include one of below item	ms with this application as proof eligibility.			
○ Paystub				
○ Verification of Employment Statement				
○Written Statement from Employer				
○School Enrollment Form				
If you are currently working at least 20 hours a week or if there are two parents in th	e household, are both of you working for a combined			
40 hours per week, please include one of the below items with this application as properties of the below items with the application as properties of the below items with the application as properties of the below items with the application as properties of the below items with the application as properties of the below items with the application as properties of the below items with the application as properties of the below items with the application as properties of the below items with the application as properties of the below items with the application as properties of the below items with the application as properties of the below items with the application as properties of the below items with the application as properties of the below items with the application as properties of the application as properties of the application as properties of the application and the application as a properties of the application and the application as a properties of the application as a properties of the application as a properties of the application and the application as a properties of the application and the app	roof eligibility.			
○ Paystub				
○Verification of Employment Statement				
○ Written Statement from Employer				
○School Enrollment Form				
If you are currently disabled or unable to work as documented by a physician or a let	ter from the Social Security Administration awarding			
you disability benefits, please include one of the below items with this application a	s proof eligibility.			
O Physician Statement				
○ Social Security Award Letter				
If you have a form from another agency titled Child Care Application and Authoriza	tion, please include one of the below items with this			
application as proof eligibility.				
Child Care Application and Authorization Form				
By signing this form I certify that:				
 My family's total assets do not exceed \$1,000,000.00 				
 I have examined this application and, to the best of my knowledge and belief, the information 	ion provided is true and correct.			
I give consent to the Office of Early Learning and/or the Department of Financial Services to request all information relating to my eligibility and to				
make inquiry into all statements of information given.				
I understand that if I give false information, sign inaccurate attendance documents or fail to report changes in my circumstances that would affect my				
eligibility for services or the level of my services; my case may be referred to law enforcement	· · ·			
 I also give consent to the Office of Early Learning to use computer matches with other gove 	rnment agency systems to verify the information I've			
presented.	wiou it and cond majnetwictions on how to pre			
 I understand that upon the submission of my application, the early learning coalition will represent Signature. 	·			
Parent Signature	Date Signed			