

I. PARENT #1 PROFILE (Fields marked w	vith * are required and m	ust be completed)	·				
For the purpose of completing this applicat	ion, "Parent" means a pers	on that has legal custo	dv of a minor as a: Natur	al or adoptive			
parent, legal guardian; person who stands	in loco parentis to the mind	or or person who has le	gal custody of the minor	by order of a court.			
Parent First Name *	Parent Middle Name	Parent Last Name *		Parent Suffix			
Ethnicity *			<u> </u>				
	☐ Hispanic ☐ Non- His	spanic	answer				
Race(s) Check those that apply. *							
	☐ Asian ☐ Hawaiian / I	Pacific 🗆 Black 🗀 US	Indian / Alaskan 🗆 Whi	te			
Gender *	☐ Prefer not to answer						
Gender	Marital Status *	Date of Birth * [MM/D	D/YYYY]				
	☐ Single ☐ Married ☐ Separated						
☐ Male ☐ Female	☐ Divorced ☐ Widow	·					
Are you currently active duty (serving full-ti	Are you currently active duty (serving full-time) In the US Military?						
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 by	out requested under s. 119 (071(5)(a)2, 119 092, 10	02 91 and 1002 97, F.S., j	for use in the records			
and data systems of the Office of Early Lear social security number, it will be used for rou	ning, Department of Educa itine identification of your s	rtion, scriboi districts an chool readiness applica	a early learning coalition	s. If you submit your			
to identify and prevent fraud.	ane identification of your s	crioor readiness applica	non and engionity and en	TOITHEIR FECORUS UNG			
PARENT #1 ADDITIONAL PROFILE INFO	RMATION(Fields marked	with * are required a	ind must be completed)			
Do you have a form from another agency tri	led Child Care Application	and Authorization?					
B							
☐ Yes ☐ No							
Are you currently working at least 20 hours 40 hours per week? If yes, you are require	per week, or if there are tw d to complete the Employr	nent section.	hold, are both of you wo	rking for a combined			
□ Yes □ No							
Are you enrolled and attending school? * If	yes, you are required to co	mplete the School/Trai	ning section.				
☐ Yes ☐ No							
Are you attending school and working? * If	yes, you are required to co	mplete the School/Trai	ning tab AND the Emplo	yment sections.			
□ Yes □ No							
Are you disabled or unable to work as docum	nented by a physician or a k	etter from the Social Se	curity Administration aw	arding you disability			
benefits? *			out is y real fill (ISE GEIOTI GIF	arang you disponity			
_							
☐ Yes ☐ No							
PARENT #1 CONTACT INFORMATION (Fields							
Are you currently homeless or located at a D can be reached. ☐ Yes ☐ No	omestic Violence Sheiter? I	f yes, please indicate a	phone number and emai	il address where you			
Primary Residence Address *	Apt, Suite, etc.		City *				
,	7 47 47 5 6100		City				
	County *	State *	Tin Code				
	County	State	Zip Code				
Mailing address if different from the con-	A	<u> </u>					
Mailing address if different from above *	Apt, Suite, etc.		City *				
	County *	State *	Zip Code *	-			
Primary Contact Phone Number *	Email Address						
,							



PARENT #1 CONTACT INFORMATION CONTIL	NUED(F	ields marked with * are i	requi	ired and must be com	pleted)		
Secondary Contact Phone Number	Prefer	red Method of Contact *					
	□Primary phone number □Email □Mailing Address						
What is the primary language spoken at home?							
windt is the primary language spoken at non							
□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, Fijia							
☐ European and Slavic Languages (e.g., Germ		nch, Italian, Croatian, Yiddis	sh, Po	ortuguese, Russian)			
☐ African Languages (e.g., Swahili, Wolof)							
☐Other (e.g., American Sign Language)							
☐ Unspecified (Unknown or head of househo	ld declii	ned to identify home langua	age)				
II. EMPLOYMENT INFORMATION (Fields	marke	d with are required and	d mu	st he completed)			
Employer Name * (If you are self-employed,			z mu:	Employer Phone Numb	er *		
runhioker same fir kon are sem-embioken'	***********	out uniprojes nerej			-		
Employer Address		City		State	Zip Code		
How often do you get paid? *		Rate of Pay (How much d	lov ob	u make per hour?) *	Number o	f hours per week	
How often do you get paid:		Mate of Fay (Mate Mate)	,	worked? *			
☐ Daily ☐ Weekly ☐ Bi-Weekly							
☐ Monthly ☐ Semi-monthly		Annual Income?					
a leveles 3 to No. 17 No.		Are you a school board e	malo	was that works less tha	n 12 months	? ■ □ Ves □ No	
Seasonal Employee? * 🗆 Yes 🗆 No	D		пріо				
Do you pay child support or alimony? *					the average	mount doducted will	
Upon submission of child support and/ or alim			leduci	tion from your paycneck	tne annuai a	mount aeauctea wiii	
be excluded from your gross annual income c					. 41		
III. SCHOOL OR TRAINING INFORMATIO	N (Field	ls marked with * are req	uired	d and must be comple	ted)	Facilities #	
Name of School or Training Facility *				Phone Number for Sch	ool or Traini	ng Facility "	
School or Training Facility Address		City		State	Zip Code		
					_		
How many hours per week are you schedule	d to att	end school?					
						<u></u>	
IV. PARENT #2 PROFILE (Fields marked w	vith * a	re required and must be	com	pleted)			
For the purpose of completing this applicable	on, "Pai	rent" means a person that	has le	egal custody of a minor	as a: Nature	il or adoptive	
parent, legal guardian; person who stands it	n loco p	arentis to the minor or per	rson v	who has legal custody o	f the minor l	y order of a court.	
Parent First Name *	Paren	t Middle Name Paren	nt Las	st Name *		Parent Suffix	
Ethnicity *							
	☐ His	spanic 🔲 Non-Hispanic 🛭	□ Pre	efer not to answer			
Race(s) Check those that apply.					المعالمة المعالمة		
		ian 🗆 Hawaiian / Pacific [⊔ Bla	ack 🗀 US Indian / Alas	kan ⊔ Wnit		
	☐ Prefer not to answer						



IV. PARENT #2 PROFILE CONTINUED (Fig.	elds marked with * are r	required and must be o	ompleted)	
Gender *	Marital Status *		Date of Birth * [MM/DD/YYYY]	
	☐ Single ☐ Marrie	ed 🗆 Separated		
☐ Male ☐ Female	☐ Divorced ☐ Widov	-	/ /	
Are you currently active duty (serving full-ti	me) in the US Military? *	☐ Yes ☐ No		
Are you a member of the National Guard or	Military Reserve Unit?	☐ Yes ☐ No		
Social Security Number (Not Required)				
			02 91 and 1002 97, F.S., for use in the records	
and data systems of the Office of Early Lear	ning, Department of Educ	ation, school districts an	d early learning coalitions. If you submit your	
	tine identification of your.	school readiness <mark>applic</mark> at	tion and eligibility and enrollment records and	
to identify and prevent fraud.				
PARENT #2 ADDITIONAL PROFILE INFO	RMATION(Fields market	d with * are required a	nd must be completed)	
Do you have a form from another agency tit ☐ Yes ☐ No	led Child Care Application	and Authorization?		
Are you currently working at least 20 hours	per week, or if there are to	wo parents in the housel	nold, are both of you working for a combined	
40 hours per week? * If yes, you are require			. , , , , , , , , , , , , , , , , , , ,	
☐ Yes ☐ No				
Are you enrolled and attending school? * If	ves. you are required to co	omplete the School/Trai	ning section.	
	, , ,			
☐ Yes ☐ No				
Are you attending school and working? * If	yes, you are required to o	omplete the School/Trai	ning tab AND the Employment sections.	
☐ Yes ☐ No				
Are you disabled or unable to work as docum	nented by a physician or a	letter from the Social Se	curity Administration awarding you disability	
benefits?	,.,		,	
☐ Yes ☐ No				
PARENT #2 CONTACT INFORMATION (Fields	marked with * are real	ired and must be com	nleted)	
Are you are currently homeless or located at				
you can be reached. ☐ Yes ☐ No		serri, yes, prease mareo	te a priorie namber una eman address where	
Primary Residence is the same as Parent #1?	(If no please complete ti	he helow information 1*	☐ Yes ☐ No	
Primary Residence Address *	Apt, Suite, etc.	ie below imorniation j	City *	
,	1100,00110,000		a.t.y	
	County *	State *	Zip Code *	
Mailing address if different from above *	Apt, Suite, etc.		City *	
			1	
	County *	State *	Zip Code *	
Date of the second				
Primary Contact Phone Number *	Email Address *			
Consider Contact Change Bloods	Destruction it is to			
Secondary Contact Phone Number	Preferred Method of Co	ntact *		
	□ Primary phone number □ Email □ Mailing Address			
	- Initially priorite number	i - Lilian Liviani	ng Address	



PARENT #2 CONTACT INFORMATION CO	MITMILED /	Fields marked with	h * are rea	ured and must h	e complete	rd)	
		rielus Iliurkeu Witi	i uicicul	ineu ana mast b	e complete	α)	
What is the primary language spoken a	cnomer						
□Native Central, South American and Mexican languages (e.g., Mixteco, Quichean)							
□Caribbean Languages (e.g., Haitian-Cre			di Dada Bara	!:\			
☐Middle Eastern and South Asian Langu			ai, Orau, Ben	igaii)			
□East Asian Languages (e.g., Chinese, Vi		agaiog)					
□Native North American/Alaska Native							
□Pacific Island Languages (e.g., Palauan							
☐European and Slavic Languages (e.g., ©		nch, Italian, Croatiai	n, Yiddish, Po	ortuguese, Russiar	1)		
☐ African Languages (e.g., Swahili, Wolo	r)						
□Other (e.g., American Sign Language)		La el or i					
Unspecified (Unknown or head of hou							
V. EMPLOYMENT INFORMATION (FI							
Employer Name * (If you are self-emplo	yed, write '	'self-employed" he	re)	Employer Phone	Number		
Employer Address	•	City		State	7în (Code	
Employer Address		City		State		Jour	
How often do you get paid? *		Rate of Pay (How	much do yo	ou make per hour	?) Num	ber of hours per week	
☐ Daily ☐ Weekly ☐ Bi-We	ekly				wor	ked? *	
☐ Monthly ☐ Semi-monthly		Annual Income?	·				
Seasonal Employee? * ☐ Yes ☐ No		Are you a school	board empl	loyee that works less than 12 months?			
Do you pay child support or alimony? *	☐ Yes ☐ I	No	•		_		
Upon submission of child support and/or			na the deduc	tion from your par	ucheck the a	nnual amount deducted will	
be excluded from your gross annual inco			ng the action	tion from your pa	yencek ene un	man by mount acadeed by m	
VI. SCHOOL OR TRAINING INFORMA	TION (Fiel	ds marked with	are require				
Name of School or Training Facility *				Phone Number f	or School or	Training Facility *	
School or Training Facility Address		City		State	Zip (Code	
How many hours per week are you sche	duled to at	tend school?					
now many nours per week are you some	auleu to at	terra sarroor.					
VII. CHILD #1 PROFILE (Fields market							
Child First Name *	Child Mide	die Name	Child Last	Name *		Child Suffix	
Ethnicity *	Race(s) Ch	eck those that app	ly. *	Gender *	Date of Bi	rth * [MM/DD/YYYY]	
☐ Hispanic	☐ Asian	🗆 Hawaiian / P	acific				
☐ Non- Hispanic	☐ Black	US Indian / A	laskan	☐ Male	☐ Male		
☐ Prefer not to answer	☐ White	☐ Prefer not to	answer	□ Female / /			
U. S. Citizen or lawfully entered alien		rrent Individual Edu		Have a 504 des	ignation?	Currently participate in	
for permanent residence?		or Individual Family	y Service			a Head Start Program?	
	Plan (IFSP)? *		1			
	_						
☐ Yes	☐ Yes			☐ Yes		☐ Yes	
□ No	□ No			□ No		□ No	
Child Casial Consults Along by /Alon D	irod)						
Child Social Security Number (Not Requ			- 440 07-1	El/-12 450 000 5	1002.04 1	4002 07 EC for use in the	
Your child's social security number is no	t required b	out requested under	s 119 071(:	5)(a)2, 119 092,, 1	doorly last	1002 97, F.S. for use in the	
records and data systems of the Office o	j Early Learl	uug, vepartment oj	cuucation, :	scrioui aistricts an	u eurry rearn	mg countions ij you submit	



Application

your social security number, it will be used for routine identification of your school readiness application and eligibility and enrollment records and to identify and prevent fraud.

VII. CHILD #1 PR	OFILE CONTINUED	(Fields marked wit	h * are required and me	ist be completed)	
Child Care is need days * (Check all t	ed for the following hat apply)	Type of Child Care Needed * (Check all that apply)			
_				□ Parent □ Foster Parent □ Other	☐Guardian ☐ Relative
☐ Sunday	☐ Thursday			Parent #2's Relationship to	the Child *
☐ Monday	☐ Friday	☐Full-time	☐Part-time		
□ Tuesday	□ Saturday	☐Before-school	☐ After-school	☐Parent ☐Foster Parent	☐Guardian ☐ Relative
☐ Wednesday		☐Days school is ou	ıt	□ O ther	

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



CHILD #2 PROFILE	(Fields marked with	th * are required and must be	completed	()			
Child First Name*		Child Middle Name	Child Last			Child Su	ffix
Ethnicity*		Race(s) Check those that appl		Gender *	ler * Date of Birth* [MM/DD/YY		YYY 1
Ethnicity		Race(s) Check those that uppi	y .	Gender	Date of Dil	CII [INIINI/DD/I	,
☐ Hispanic		☐ Asian ☐ Hawaiian / Pa	cific				
☐ Non- Hispanic		☐ Black ☐ US Indian / A	laskan	☐ Male			
☐ Prefer not to ans	wer	☐ White ☐ Prefer not to		☐ Female	<u> </u>		
U. S. Citizen or lawf	ully entered alien	Have a current Individual Edu	cational	Have a 504 des	Have a 504 designation?*		icipate in
for permanent resid	dence? *	Plan (IEP) or Individual Family	Service			a Head Start P	rogram?
		Plan (IFSP)? *					
						□ V	
☐ Yes				☐ Yes		☐ Yes ☐ No	
□ No	. Bloomban (Blob Done)	□ No	 	□ No			-
	Number (Not Requ						
Your child's social se	ecurity number is no	t required but requested under	s 119 071(5)(a)2, 119 092, 1	002 91 and 1	1002 97, F.S., fo	r use in the
records and data sy	stems of the Office o	f Early Learning, Department of	Education, s	chool districts and	d early learn	ing coalitions If	you submit
		ed for routine identification of yo	our school re	aainess appiicatio	n ana engibi	uty ana enroum	ent records
and to identify and p		Type of Child Care Needed *		Parent #1's R	elationship	to the Child *	
days * (Check all the	_	(Check all that apply)		Turche was a	Cicionsinp		
(0.101.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		(□Parent □	Foster Paren	t □Guardian	Relative
				□Other	□Other		
☐ Sunday	☐ Thursday			Parent #2's R	Parent #2's Relationship to the Child *		
☐ Monday	☐ Friday	☐ Full-time ☐ Part-tii					
□ Tuesday	□ Saturday	☐Before-school ☐After-s	chool	□ Parent □ □ □ Other	Foster Paren	t □Guardian	Relative
☐ Wednesday		<u> </u>	□ Days school is out				
CHILD #3 PROFILE (Fields marked with * are required and must be completed)							
	(Fields marked wi					611146	****
CHILD #3 PROFILE Child First Name	(Fields marked wi	th * are required and must be Child Middle Name	Child Last			Child Su	ıffix
	(Fields marked wi						
	(Fields marked wi		Child Last		Date of Bir	Child Su	
Child First Name	(Fields marked wi	Child Middle Name Race(s) Check those that apple	Child Last	Name*	Date of Bir		
Child First Name Ethnicity Hispanic	(Fields marked wi	Child Middle Name Race(s) Check those that appl Asian Hawaiian / Pa	Child Last y. * acific	Name *	Date of Bir		
Child First Name Ethnicity Hispanic Non-Hispanic		Race(s) Check those that appl Asian Hawaiian / Po	Child Last y. * acific llaskan	Gender *	Date of Bir		
Ethnicity Hispanic Non- Hispanic Prefer not to ans	wer	Race(s) Check those that apple Asian Hawaiian / Pa Black US Indian / A White Prefer not to	y. * acific alaskan answer	Gender * Male Female		th [MM/DD/	YYYY]
Ethnicity Hispanic Non- Hispanic Prefer not to ans U. S. Citizen or lawf	wer ully entered alien	Child Middle Name Race(s) Check those that apple Asian Hawaiian / Pa Black US Indian / A White Prefer not to Have a current Individual Edu	y. * acific alaskan answer cational	Gender *		th * [MM/DD/	YYYY] ticipate in
Ethnicity Hispanic Non-Hispanic Prefer not to ans	wer ully entered alien	Child Middle Name Race(s) Check those that apple Asian Hawaiian / Pa Black US Indian / A White Prefer not to Have a current Individual Edu Plan (IEP) or Individual Family	y. * acific alaskan answer cational	Gender * Male Female		th [MM/DD/	YYYY] ticipate in
Ethnicity Hispanic Non- Hispanic Prefer not to ans U. S. Citizen or lawf	wer ully entered alien	Child Middle Name Race(s) Check those that apple Asian Hawaiian / Pa Black US Indian / A White Prefer not to Have a current Individual Edu	y. * acific alaskan answer cational	Gender * Male Female		th * [MM/DD/	YYYY] ticipate in
Ethnicity Hispanic Non- Hispanic Prefer not to ans U. S. Citizen or lawf	wer ully entered alien	Child Middle Name Race(s) Check those that apple Asian Hawaiian / Pa Black US Indian / A White Prefer not to Have a current Individual Edu Plan (IEP) or Individual Family	y. * acific alaskan answer cational	Gender * Male Female		th [MM/DD/Y	YYYY] ticipate in
Ethnicity Hispanic Non-Hispanic Prefer not to ans U. S. Citizen or lawf for permanent resid	wer ully entered alien dence?	Race(s) Check those that apple Asian Hawaiian / Pa Black US Indian / A White Prefer not to Have a current Individual Edu Plan (IEP) or Individual Family Plan (IFSP)? Yes No	y. * acific alaskan answer cational	Gender * Male Female Have a 504 des		th * [MM/DD/) / Currently part a Head Start F	YYYY] ticipate in
Ethnicity Hispanic Non- Hispanic Prefer not to ans U. S. Citizen or lawf for permanent resid	wer ully entered alien dence?	Child Middle Name Race(s) Check those that apple Asian Hawaiian / Paragram Hawaiian Hawaiian (IFSP)? Yes No	y. * acific alaskan answer cational Service	Mame Male Female Have a 504 des	ignation?	th * [MM/DD/Y	ticipate in Program? *
Ethnicity Hispanic Non- Hispanic Prefer not to ans U. S. Citizen or lawf for permanent resid	wer fully entered alien dence? y Number (Not Requeecurity number is no	Child Middle Name Race(s) Check those that apple Asian Hawaiian / Pa Black US Indian / A White Prefer not to Have a current Individual Edu Plan (IEP) or Individual Family Plan (IFSP)? Yes No ired)	y. * acific alaskan answer cational Service	Male Male Female Have a 504 des Yes No	/ignation?**	Currently part a Head Start F	ticipate in Program? *
Ethnicity Hispanic Non- Hispanic Prefer not to ans U. S. Citizen or lawf for permanent resid	wer fully entered alien dence? y Number (Not Reque ecurity number is no stems of the Office o	Child Middle Name Race(s) Check those that apple Asian Hawaiian / Pale US Indian / Ale US Ind	y. * acific alaskan answer cational Service s. 119.071(5	Mame Gender * Male Female Have a 504 des Yes No	ignation? 002.91 and idearly learn	Currently part a Head Start F	ticipate in Program? *
Ethnicity Hispanic Non-Hispanic Prefer not to ans U. S. Citizen or lawf for permanent resid	wer iully entered alien dence? y Number (Not Requectority number is no stems of the Office of number, it will be use	Child Middle Name Race(s) Check those that apple Asian Hawaiian / Pa Black US Indian / A White Prefer not to Have a current Individual Edu Plan (IEP) or Individual Family Plan (IFSP)? Yes No ired)	y. * acific alaskan answer cational Service s. 119.071(5	Mame Gender * Male Female Have a 504 des Yes No	ignation? 002.91 and idearly learn	Currently part a Head Start F	ticipate in Program? *
Ethnicity Hispanic Non-Hispanic Prefer not to ans U. S. Citizen or lawf for permanent resid	wer iully entered alien dence? y Number (Not Reque ecurity number is no stems of the Office of number, it will be use prevent fraud	Race(s) Check those that apple Asian Hawaiian / Pa Black US Indian / A White Prefer not to Have a current Individual Edu Plan (IEP) or Individual Family Plan (IFSP)? Yes No ired) It required but requested under of Early Learning, Department of the for routine identification of year	y. * acific alaskan answer cational Service s. 119.071(5	Mame Gender * Male Female Have a 504 des Yes No No (a)2, 119 092, 110 chool districts and adiness application	ignation? 002.91 and and a dearly learn and eligib	Currently part a Head Start F	ticipate in Program? *
Ethnicity Hispanic Non-Hispanic Prefer not to ans U. S. Citizen or lawf for permanent resid	wer iully entered alien dence? y Number (Not Requecurity number is no stems of the Office of number, it will be use prevent fraud d for the following	Race(s) Check those that apple Asian Hawaiian / Pi Black US Indian / A White Prefer not to Have a current Individual Edu Plan (IEP) or Individual Family Plan (IFSP)? Yes No ired) It required but requested under of Early Learning, Department of ed for routine identification of ye	y. * acific alaskan answer cational Service s. 119.071(5	Mame Gender * Male Female Have a 504 des Yes No No (a)2, 119 092, 110 chool districts and adiness application	ignation? 002.91 and and a dearly learn and eligib	Currently part a Head Start F	ticipate in Program? *
Ethnicity Hispanic Non-Hispanic Prefer not to ans U. S. Citizen or lawf for permanent resid	wer iully entered alien dence? y Number (Not Requecurity number is no stems of the Office of number, it will be use prevent fraud d for the following	Race(s) Check those that apple Asian Hawaiian / Pa Black US Indian / A White Prefer not to Have a current Individual Edu Plan (IEP) or Individual Family Plan (IFSP)? Yes No ired) It required but requested under of Early Learning, Department of the for routine identification of year	y. * acific alaskan answer cational Service s. 119.071(5	Mame Gender * Male Female Have a 504 des Yes No No No No Parent #1's F	ignation? 002.91 and a dearly learn on and eligib Relationship	Currently part a Head Start F	ticipate in Program? *
Ethnicity Hispanic Non-Hispanic Prefer not to ans U. S. Citizen or lawf for permanent resid	wer iully entered alien dence? y Number (Not Requecurity number is no stems of the Office of number, it will be use prevent fraud d for the following	Race(s) Check those that apple Asian Hawaiian / Pi Black US Indian / A White Prefer not to Have a current Individual Edu Plan (IEP) or Individual Family Plan (IFSP)? Yes No ired) It required but requested under of Early Learning, Department of ed for routine identification of ye	y. * acific alaskan answer cational Service s. 119.071(5	Mame Gender * Male Female Have a 504 des Yes No No No No Parent #1's F	ignation? 002.91 and a dearly learn on and eligib Relationship	th * [MM/DD/Y	ticipate in Program? *
Ethnicity Hispanic Non-Hispanic Prefer not to ans U. S. Citizen or lawf for permanent resid	wer iully entered alien dence? y Number (Not Requecurity number is no stems of the Office of number, it will be use prevent fraud d for the following	Race(s) Check those that apple Asian Hawaiian / Pi Black US Indian / A White Prefer not to Have a current Individual Edu Plan (IEP) or Individual Family Plan (IFSP)? Yes No ired) It required but requested under of Early Learning, Department of ed for routine identification of ye	y. * acific alaskan answer cational Service s. 119.071(5	Mame Gender * Male Female Have a 504 des Yes No No No Parent #1's F	ignation? 002.91 and dearly learn and eligib Relationship	th * [MM/DD/Y	ticipate in Program? *
Ethnicity Hispanic Non-Hispanic Prefer not to ans U. S. Citizen or lawf for permanent resid	wer fully entered alien dence? y Number (Not Requecurity number is no stems of the Office of number, it will be use prevent fraud d for the following nat apply)	Race(s) Check those that apple Race(s) Check those that apple Asian Hawaiian / Pour Black US Indian / Pour Black Prefer not to Have a current Individual Edur Plan (IEP) or Individual Family Plan (IFSP)? Yes No iired) It required but requested under of Early Learning, Department of early Learning, Department of early Learning identification of your Type of Child Care Needed (Check all that apply)	y. * acific alaskan answer cational y Service s. 119.071(5) Education, sour school re	Mame Gender * Male Female Have a 504 des Yes No No No Parent #1's F	ignation? 002.91 and dearly learn and eligib Relationship	th [MM/DD/N / Currently part a Head Start F Pes No 1002.97, F.S., for ing coalitions if ility and enrollment to the Child *	ticipate in Program? *
Ethnicity Hispanic Non- Hispanic Prefer not to ans U. S. Citizen or lawf for permanent resident of the second of	wer fully entered alien dence? y Number (Not Requective number is not stems of the Office of number, it will be used prevent fraud denced for the following that apply) Thursday	Race(s) Check those that apple Race(s) Check those that apple Asian Hawaiian / Pour Black US Indian / Pour Black Prefer not to Have a current Individual Edur Plan (IEP) or Individual Family Plan (IFSP)? Yes No iired) Interval of the transport of the for routine identification of your plan (IFSP)? Type of Child Care Needed * (Check all that apply)	y. * acific alaskan answer cational y Service s. 119.071(5) Education, sour school re	Male Female Have a 504 des Yes No No Parent #1's Female Parent #2's Female	ignation? 002.91 and a dearly learn on and eligib Relationship Foster Parer	th [MM/DD/N / Currently part a Head Start F Pes No 1002.97, F.S., for ing coalitions if ility and enrollment to the Child *	ticipate in Program? *



Application

VIII. OTHER HOUSEHOLD MEMBERS (Fi			pleted)	
Other Household Members include children	living in household not in	need of care.		
First Name *	Middle Name	Last Name *		Suffix
Ethnicity	Profes not to answer			
Thispanic E Non-Hispanic	Li Freier flot to allswei			
Race(s) Check those that apply. *				
☐ Asian ☐ Hawaiian / Pacific ☐ Black	□ US Indian / Alaskan □	☐ White ☐ Prefer not to a	nswer	
Gender *		Date of Birth * [MM/DD/	/YYYY]	
☐ Male		_	_	
□ Female		/		
Relationship to Parent #1				
☐ Child ☐ Step Child ☐ Mother ☐ Fath	er 🗆 Aunt 🗀 Uncle	☐ Sibling ☐ Sibling's Child	☐Grand Child	☐ None of the above
	1			
First Name *	Middle Name	Last Name *		Suffix
Ethnicity * 🗆 Hispanic 🗆 Non- Hispanic	☐ Prefer not to answer			
Race(s) Check those that apply. *				- 40
	_			
☐ Aslan ☐ Hawaiian / Pacific ☐ Black	□ US Indian / Alaskan □			
Gender * □ Male		Date of Birth* [MM/DD/	YYYY]	
☐ Female		1	1	
Relationship to Parent #1*				
☐ Child ☐ Step Child ☐ Mother ☐ Fath	er 🗆 Aunt 🗆 Uncle I	☐ Sibling ☐ Sibling's Child	☐Grand Child	☐ None of the above
First Name *	Middle Name	Last Name *		Suffix
Ethnicity*	☐ Prefer not to answer			
Race(s) Check those that apply.				
☐ Asian ☐ Hawaiian / Pacific ☐ Black	☐ US Indian / Alaskan ☐	White \square Prefer not to a	nswer	
Gender *		Date of Birth * [MM/DD/		
☐ Male				
☐ Female		/	/	
Relationship to Parent #1				
☐ Child ☐ Step Child ☐ Mother ☐ Fath	er 🗆 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.



Application

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IX. OTHER INCOME (Fields marked with * are required and must be completed)						
Parron Full Name Receiving Uncorned Income						
Person Full Name Receiving Unearned Income: Unearned Income Source * (Check all that apply)						
□Alimony						
□ Child Support □ Dividends Interest						
□ Dividends Interest □ Food Stamps (Not included in calculation. Federal reporting requirement)						
□Pension/Retirement Benefits						
☐Social Security (SSI) Benefits/Payments Received by adults and child	dren in household					
☐Temporary Assistance for Needy Families (TANF)						
☐Reemployment Assistance						
□Veterans Benefits						
☐ Workers Compensation						
☐ Other (Regularly received cash, benefits or payments)						
Amount Received Monthly *	Note					
•						
Person Full Name Receiving Unearned Income:						
Unearned Income Source * (Check all that apply)						
□Alimony						
□Child Support						
□ Dividends Interest						
☐ Food Stamps (Not included in calculation. Federal reporting require	ement)					
□Pension/Retirement Benefits						
☐Social Security (SSI) Benefits/Payments Received by adults and chil	dren in household					
☐Temporary Assistance for Needy Families (TANF)						
☐Reemployment Assistance						
□Veterans Benefits						
☐ Workers Compensation						
☐Other(Regularly received cash, benefits or payments)						
Amount Received Monthly *	Note					
Person Full Name Receiving Unearned Income:						
Unearned Income Source * (Check all that apply)						
□Alimony						
☐ Child Support						
□ Dividends Interest						
☐ Food Stamps (Not included in calculation. Federal reporting require	ement)					
☐Pension/Retirement Benefits						
☐ Temporary Assistance for Needy Families (TANF)						
☐Reemployment Assistance						
□Veterans Benefits						
☐ Workers Compensation						
☐ Other (Regularly received cash, benefits or payments)						
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)

If you are currently working or attending school or a combination of both at least 20 hours a week or if there are two parents in the household, and both of you are working or attending school or a combination of both for a combined 40 hours per week, please include one of the below items for each parent residing within the household with this application as proof of eligibility.

- Paystub
- OVerification of Employment Statement
- OWritten Statement from Employer
- OWork calendar or receipts (Self-employment only)
- OSchool Enrollment Form
- Official School Schedule

If you are currently disabled or unable to work as documented by a physician or a letter from the Social Security Administration awarding you disability benefits, please include one of the below items with this application as proof of eligibility.

- OPhysician Statement
- Social Security Award Letter

If you have a form from another agency titled Child Care Application and Authorization, please include the below with this application as proof of 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 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 for Investigation and possible prosecution.
- I give consent to the Office of Early Learning to use computer matches with other government agency systems pursuant to interagency agreements to verify the information I have presented.
- I understand information on this form may be shared with other state and local agencies for the purposes of program administration and public assistance fraud prevention.
- I understand that upon the submission of my application, the early learning coalition will review it and send me instructions on how to proceed.

Parent Signature Date Signed