



Application For CHILD CARE SERVICES

APPLICANT INFORMATION											
Last Name		First Name		M.I.		Date of Birth					
Social Security Number (optional)		Phone Number		Email Address							
Physical Address						Apartment/Unit #					
City				State		ZIP					
Mailing Address						Apartment/Unit #					
City				State		ZIP					
County of Residence				Is this a temporary address?		YES <input type="checkbox"/> ***		NO <input type="checkbox"/>			
Are you a teen parent? (in high school)		YES <input type="checkbox"/> NO <input type="checkbox"/>		*** If "YES" please explain							
Are you a U.S. citizen or legal immigrant?		YES <input type="checkbox"/> NO <input type="checkbox"/>		Ethnicity: Are you Hispanic/Latino?		YES <input type="checkbox"/> NO <input type="checkbox"/>					
Race (voluntary)- Please check all that apply		Caucasian <input type="checkbox"/>		Black/African American <input type="checkbox"/>		American Indian or Alaskan Native <input type="checkbox"/>		Asian <input type="checkbox"/>		Native Hawaiian or Pacific Islander <input type="checkbox"/>	
Marital Status		Married <input type="checkbox"/>		Single <input type="checkbox"/>		Separated <input type="checkbox"/>		Divorced <input type="checkbox"/>		Widowed <input type="checkbox"/>	
Gender		Female <input type="checkbox"/>		Male <input type="checkbox"/>							
Highest Educational Level Completed?				Primary language spoken in the household?							
EMPLOYMENT INFORMATION											
Employer Name		Employer Address									
Employer Phone Number		Hours Worked per Week									
Date of Hire		Contact Person									
Hourly Rate/Salary		Pay Frequency		Weekly <input type="checkbox"/>		Bi-weekly <input type="checkbox"/>		Twice per Month <input type="checkbox"/>		Monthly <input type="checkbox"/>	
Job Title											
Job Duties		Is this job considered self-employment?		YES <input type="checkbox"/> NO <input type="checkbox"/>							
Do you have a second job?		YES <input type="checkbox"/> *** NO <input type="checkbox"/>		****If "YES", Employer name		***Hourly wage/salary					
****Hours Worked per week		****Pay Frequency		Weekly <input type="checkbox"/>		Bi-weekly <input type="checkbox"/>		Twice per Month <input type="checkbox"/>		Monthly <input type="checkbox"/>	
SCHOOL INFORMATION											
Name of School		Program Type (ex: Nursing, Welding, etc.)									
Hours enrolled		Current Semester		Expected graduation date							

Do you have a spouse/second parent in the household?					YES <input type="checkbox"/> **** NO <input type="checkbox"/>	
**** IF YES, PLEASE PROVIDE SPOUSE/SECOND PARENT INFORMATION						
Last Name		First Name		M.I.		Date of Birth
Social Security Number (optional)		Phone Number		Email Address		
What relation are they to your children?						
Are they a U.S. citizen or legal immigrant?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Ethnicity: Are you Hispanic/Latino?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Race (voluntary)- Please check all that apply		Caucasian <input type="checkbox"/>	Black/African American <input type="checkbox"/>	American Indian or Alaskan Native <input type="checkbox"/>	Asian <input type="checkbox"/>	Native Hawaiian or Pacific Islander <input type="checkbox"/>
Spouse/Second Parent Status		Working <input type="checkbox"/>	Training/In School <input type="checkbox"/>	Disabled**** <input type="checkbox"/>	Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>
**** If spouse/second parent is Disabled, our office will require a doctor's note proving a permanent disability						
SPOUSE/SECOND PARENT EMPLOYMENT INFORMATION (IF APPLICABLE)						
Employer Name		Employer Address				
Employer Phone Number		Hours Worked per Week				
Hire Date		Contact Person				
Hourly Rate/Salary		Pay Frequency	Weekly <input type="checkbox"/>	Bi-weekly <input type="checkbox"/>	Twice per Month <input type="checkbox"/>	Monthly <input type="checkbox"/>
Date of Hire		Position title				
Job Duties		Is this job considered self-employment?		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Do they have a second job?		YES <input type="checkbox"/> **** NO <input type="checkbox"/>	**** If "YES", Employer Name		**** Hourly wage/salary	
****Hours Worked per week		****Pay Frequency	Weekly <input type="checkbox"/>	Bi-weekly <input type="checkbox"/>	Twice per Month <input type="checkbox"/>	Monthly <input type="checkbox"/>
SPOUSE/SECOND PARENT SCHOOL INFORMATION (IF APPLICABLE)						
Name of School		Program Type (ex: Nursing, Welding, etc.)				
Hours enrolled		Current Semester		Expected graduation date		

HOUSEHOLD INFORMATION			
How many people live in the home?		Do your total family assets exceed \$1 million?	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you receive any Social Security Benefits?	YES <input type="checkbox"/> **** NO <input type="checkbox"/>	**** If "YES", please provide amount of benefits	\$ _____
Are you or your spouse a Veteran?	YES <input type="checkbox"/> **** NO <input type="checkbox"/>	**** If "YES", please provide a copy of a DD214	

Are you or your spouse a foster child with a child?		YES <input type="checkbox"/> ***** NO <input type="checkbox"/>		****If "YES", please provide a letter from the TX Dept. of Family & Protective Services			
CHILD INFORMATION							
<i>Please list all children in the household. Missing information may delay processing. All fields are required for each child.</i>							
Child Name		Gender		DOB		Social Security # (optional)	
U.S. Citizen or Legal Immigrant?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Hispanic?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Race		Disability?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Child Care Needed?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Type of care needed: full-time part-time after-school/summer summer only					
Child Name		Gender		DOB		Social Security # (optional)	
U.S. Citizen or Legal Immigrant?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Hispanic?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Race		Disability?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Child Care Needed?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Type of care needed: full-time part-time after-school/summer summer only					
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Child Care Needed?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Type of care needed: full-time part-time after-school/summer summer only					
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Child Care Needed?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Type of care needed: full-time part-time after-school/summer summer only					
***Please list your relationship to the children listed above: _____							

Please list any additional children in your household in the space below...

DISCLAIMER AND SIGNATURE	
I certify that this information is true and this application has been completed to the best of my knowledge.	
Signature	Date

You must call to update your child care application every 90 days to keep your place on our waiting list. You are also required to call and report any address and phone number changes as soon as possible

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