



# APPLICATION FORM

Date of Application \_\_\_\_\_

Child's Name \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

Place of Birth \_\_\_\_\_ Household Language \_\_\_\_\_

Current Childcare Arrangements \_\_\_\_\_

How did you hear about the PWCC? \_\_\_\_\_

Does your child receive support services through Early Intervention or the School District? \_\_\_\_\_

## Program Requested

### Full Time Child Care / UPK Programs

Toddler (18 months - 3 years)		Preschool (3 - 5 years)	
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### School Age Programs

KidsPort Before School Program (K-5)			
Daly After School (K-5)		KidsPort After School (K-6)	
<i>Elementary School</i>		<i>Grade</i>	

Parent/Guardian's Name \_\_\_\_\_

Place of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

(if different from above) Cell (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Occupation \_\_\_\_\_ Work Address \_\_\_\_\_

Days of Work \_\_\_\_\_ Hours of Work \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Place of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

(if different from above) Cell (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Occupation \_\_\_\_\_ Work Address \_\_\_\_\_

Days of Work \_\_\_\_\_ Hours of Work \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

### List All Members of Household:

<u>Name</u>	<u>Age</u>	<u>Relationship to Child</u>
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### PLEASE INDICATE THE FOLLOWING:

Program Days Requested: Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Weds. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_

Starting Date Requested: \_\_\_\_\_ Financial Aid Requested: \_\_\_\_\_ YES \_\_\_\_\_ NO

If financial aid is requested indicate the total GROSS family income: \_\_\_\_\_