CHILD CARE SERVICES ENROLLMENT APPLICATION



	All fields a	re req	uired un	less noted otherwise.			
A. PARENT/GUARDIAN 1 IN	FORMATION						
First Name:	Middle Initia	l:	Last Name:			Social Security Number (optional):	
Dhysical Address				City Chata		7:n Codo	
Physical Address:				City, State:		Zip Code:	
Mailing Address (if different than above):				City, State		Zip Code:	
maning nadress (if different than above).			, ,		,		
County of Residence:	1st Phone Number:			2nd Phone number:		Work number (optional):	
Francii Andrease	Do oo	/C+l- :-:	:a:+ \A/b:a	h af tha fallandar haat e	-l	wikes very? Diseas salast and	
Email Address:			-	city: Which of the following best describes you? Please select one. Pacific Islander Black or African American Hispanic or Latino			
				Alaskan Native \square White		·	
						: listed here \square Prefer not to say	
Parent/Guardian 1 Employment							
contract work.	illioilliation-	VVOIKII	ing includes	being seif-employed, purt	-111116	e una jun-time work, seasonal, or	
How many employers do you work fo	or? 🗆 1 🗆 2	□ 3 [☐ I'm self-	employed 🗆 None. loc	okin	g for work or student	
Employer Name (List all your employ						What is your job title?	
applicable)	, 5	,	' '			, ,	
1.							
2.							
3.							
Are you enrolled in any of the follow	ing?		1	If you answered yes , p	leas	se answer the following:	
☐ College or University ☐ High Sch	_	m		School Name:			
☐ Training Program (Technical School			ram, etc)				
☐ I am not enrolled in any of these				Semester Start and End Date:			
				Class Schedule (days and hours):			
Is there a 2 nd parent in the household					lete	Section B, "Parent/Guardian 2	
Information". If "no", skip to Section	•						
B. PARENT/GUARDIAN 2 IN							
First Name:	Middle Initia	ı:	Last Name	e:		Social Security Number (optional):	
Race/Ethnicity: Which of the following	ng best describe	es the	2 nd paren	t? Please select one.			
☐ Asian or Pacific Islander ☐ Black	_		-		Amer	rican or Alaskan Native	
☐ White or Caucasian ☐ Multiracia			-				
Parent/Guardian 2 Employment				•			
contract work. Skip to Section C if there is			_			, , , , , , , , , , , , , , , , , , , ,	
How many employers does Parent/G	uardian 2 work	for?	□1 □2	☐ 3 ☐ Self-Employed	d 🗆	None, looking for work or student	
Employer Name (List all their employers, including self,			oyer Phone Number		What is their job title?		
if applicable)							
1.							
2.							

3.				
Are they enrolled in any of the following?			If you answered yes, plea	use answer the following:
☐ College or University ☐ High Scho	_		School Name:	ise answer the following.
, ,			School Name.	
☐ Training Program (Technical Schoo	i, Certification Prog	gram,	Competer Start and End E	Nata
etc.)			Semester Start and End Date:	
\Box They are not enrolled in any of the	se		Class Sabadula (days and	h ours).
C. LIQUISTUOID MEMBERS.			Class Schedule (days and	
				nildren who need care and don't need
				ults who are considered as a dependent
Household Member 1	s und uny other mino	is that you	are responsible jor. Do NOT at	ld yourself or the second parent.
First Name:	Middle Initial:	Last Nam		Data of Birth
riist Name.	Middle Illidal.	Last Name: Date of Birth:		
Race/Ethnicity: Which of the following	a bost doscribos the	a 2nd parou	at2 Plaaca calact ana	
- · · · · · · · · · · · · · · · · · · ·	_	· -		orican or Alaskan Nativo
☐ Asian or Pacific Islander ☐ Black o		· ·		
☐ White or Caucasian ☐ Multiracial			•	•
What is the relationship between this				
☐ Biological Child ☐ Adopted Child		ster Child	☐ Grandchild ☐ Niece or	Nephew ☐ Sibling ☐ Parent
☐ Grandparent ☐ Other Relative ☐				
Is this a child who needs child care?	☐ Yes ☐ No		ease answer the following t	
Is this child a U.S. Citizen or have lega	l immigration statu	s?		ical, mental disability or have special
☐ Yes ☐ No			needs? \square Yes \square No	☐ Prefer Not to Say
Household Member 2				
First Name:	Middle Initial:	Last Nam	ne:	Date of Birth:
Race/Ethnicity: Which of the following	g best describes the	e 2 nd parei	nt? Please select one.	
\square Asian or Pacific Islander \square Black of	or African American	□ Hispa	nic or Latino 🗌 Native Am	erican or Alaskan Native
\square White or Caucasian \square Multiracial	or Biracial \square A rad	ce/ethnici	ty not listed here 🛚 Prefer	not to say
What is the relationship between this	household member	er and Par	ent/Guardian 1? Select one	
☐ Biological Child ☐ Adopted Child				
☐ Grandparent ☐ Other Relative ☐				
Is this a child who needs child care?		If ves. ple	ease answer the following t	wo guestions:
Is this child a U.S. Citizen or have lega				ical, mental disability or have special
☐ Yes ☐ No	r iiiiiiigi ation stata			☐ Prefer Not to Say
Household Member 3			11ccas 1cs 1to	
First Name:	Middle Initial:	Last Nam	ne:	Date of Birth:
That Name.	windale illidal.	Last Ivali	ic.	Date of Birth.
Race/Ethnicity: Which of the following	g hast describes the	a 2 nd narei	nt? Planca calact one	
☐ Asian or Pacific Islander ☐ Black of	=	-		orican or Alaskan Nativo
		· ·		
☐ White or Caucasian ☐ Multiracial				
What is the relationship between this				
☐ Biological Child ☐ Adopted Child ☐ Stepchild ☐ Foster Child ☐ Grandchild ☐ Niece or Nephew ☐ Sibling ☐ Parent				
☐ Grandparent ☐ Other Relative ☐ Not Related				
Is this a child who needs child care?				-
Is this child a U.S. Citizen or have legal immigration status? Does this child have a physical, mental disability or have special				
☐ Yes ☐ No			needs? ☐ Yes ☐ No	☐ Prefer Not to Say

Household Member 4	1	ı			
First Name:	Middle Initial:	Last Na	me:	Date of Birth:	
		- nd			
Race/Ethnicity: Which of the followin	_	-			
☐ Asian or Pacific Islander ☐ Black o		-			
☐ White or Caucasian ☐ Multiracial					
What is the relationship between this					
☐ Biological Child ☐ Adopted Child ☐	· · · · · · · · · · · · · · · · · · ·	ster Chil	d 🗌 Grandchild 🛚 Niece oi	Nephew \square Sibling \square P	arent
\square Grandparent \square Other Relative \square		1			
Is this a child who needs child care?	☐ Yes ☐ No	If yes, p	lease answer the following	two questions:	
Is this child a U.S. Citizen or have legal immigration status? Does this child have a physical, mental disability or have special					have special
☐ Yes ☐ No			needs?	☐ Prefer Not to Say	
Household Member 5					
First Name:	Middle Initial:	Last Na	me:	Date of Birth:	
Race/Ethnicity: Which of the followin	g best describes th	e 2 nd par	ent? Please select one.		
🗆 Asian or Pacific Islander 🗀 Black (or African Americar	n 🗆 Hisp	anic or Latino 🛚 Native Am	nerican or Alaskan Native	
☐ White or Caucasian ☐ Multiracial	or Biracial $\ \square$ A ra	ce/ethnic	city not listed here 🛚 Prefe	r not to say	
What is the relationship between this	household member	er and Pa	rent/Guardian 1? Select one	2.	
\square Biological Child \square Adopted Child	☐ Stepchild ☐ Fo	ster Chil	d 🗆 Grandchild 🗵 Niece o	Nephew 🗆 Sibling 🗆 P	arent
☐ Grandparent ☐ Other Relative ☐	Not Related				
Is this a child who needs child care?		If yes, p	lease answer the following	two questions:	
Is this child a U.S. Citizen or have lega	l immigration statu		Does this child have a phy		have special
☐ Yes ☐ No	Ü			☐ Prefer Not to Say	•
Household Member 6				,	
First Name:	Middle Initial:	Last Na	me:	Date of Birth:	
Race/Ethnicity: Which of the followin	g best describes th	e 2 nd pare	ent? Please select one.	•	
☐ Asian or Pacific Islander ☐ Black (_	-		nerican or Alaskan Native	
☐ White or Caucasian ☐ Multiracial					
What is the relationship between this					
☐ Biological Child ☐ Adopted Child					arent
☐ Grandparent ☐ Other Relative ☐	· · · · · · · · · · · · · · · · · · ·		u = 0.uuou =ooo o.		
•	☐ Yes ☐ No	If ves n	lease answer the following	two questions:	
Is this child a U.S.Citizen or have legal			Does this child have a phy	·	have special
☐ Yes ☐ No	miningration statu	J.		Prefer Not to Say	nave special
D. OTHER HOUSEHOLD INCO	NAE in this sostion .	:!!! ::		•	alvalia a fua a
children. If no other income is re				<u>montniy</u> in the nousenoia, in	cluaing from
Type of other income:	ecivea, write iii o a	macr anno		Recipient Name:	Amount:
Workers Compensation			<u>'</u>	recipient Name.	\$
Social Security Disability Income					\$
Rental Income for a house, homestea	d store or other n	ronerty	or income from tenants		\$
			or meome from tenants		
Income from estate and trust funds, inheritances, royalties \$					\$
Pensions, Annuities, Life Insurance, Retirement Income \$ Alimony, Court Settlements, or Judgements \$					
Lottery Payments of \$600 or greater \$					
Other:					\$
					1 .3

Does the total value of your household assets	exceed \$1,000,000? We und	derstand most					
people don't have more than \$1 million in assets, but federal law requires us to ask. ☐ Yes ☐ No							
Assets include cash, money in bank accounts, vehicles, investments, and real estate							
(properties that can be sold). Do not include the home you live in, your main vehicle, or							
your personal belongings (like furniture).							
E. CHILD CARE PROVIDER INFORMA	TION-in this section you will te	ll us about your ch	ild care provider selection.				
If you have chosen your child care provider(s),	provide as much	16 1					
information as possible.	•	If you have	not chosen your child care provider:				
Provider 1 Name:	License #:	Visit child	care.texas.gov to find a child care				
		provider.	to mile a cima care				
Address:	Phone:		our help to find a child care provider.				
Addiess.	Thorie.	-	pox to request our help.				
Has provider 1 confirmed your shild's spot is a	 vailable? □ Yes □ No	Click tile t	ook to request our nerp.				
7.1.		☐ Yes, please help me locate a child care provider!					
Provider 2 Name:	License #:	i les, pieasi	e help me locate a child care provider:				
A.1.1	81	-					
Address:	Phone:						
Has provider 2 confirmed your child's spot is a	vailable? 🗌 Yes 🗀 No						
F. ACKNOWLEDGEMENT							
F. ACKNOWLEDGEMENT I certify the information I provided on this form is	s true and correct to the best o		<u> </u>				
F. ACKNOWLEDGEMENT I certify the information I provided on this form is may constitute fraud and could result in prosecu	s true and correct to the best of the best	ney for services for	or which I was not entitled. I give				
F. ACKNOWLEDGEMENT I certify the information I provided on this form is may constitute fraud and could result in prosecu permission to Workforce Solutions or its child care.	s true and correct to the best of tion and/or repayment of mor re contractor to (1) contact a 3	ney for services for services for services for services for the services f	or which I was not entitled. I give income or family size; (2) use the social				
F. ACKNOWLEDGEMENT I certify the information I provided on this form is may constitute fraud and could result in prosecu permission to Workforce Solutions or its child call security numbers provided for identification of Solutions	s true and correct to the best of tion and/or repayment of mor re contractor to (1) contact a 3 ocial Security benefits and inco	ney for services for Brd party to verify ome; and (3) obta	or which I was not entitled. I give income or family size; (2) use the social				
F. ACKNOWLEDGEMENT I certify the information I provided on this form is may constitute fraud and could result in prosecu permission to Workforce Solutions or its child cas security numbers provided for identification of So with third parties about myself and my circumstants.	s true and correct to the best of tion and/or repayment of mor re contractor to (1) contact a 3 ocial Security benefits and inco	ney for services for Brd party to verify ome; and (3) obta	or which I was not entitled. I give income or family size; (2) use the social				
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F. ACKNOWLEDGEMENT I certify the information I provided on this form is may constitute fraud and could result in prosecular permission to Workforce Solutions or its child call security numbers provided for identification of Solutions with third parties about myself and my circumstands. • an individual who obtains or attempts the prosecuted under applicable state and an applying for services from Capital Albanda accurate statement of my work, ed • I am entitled to be notified about my cheat and accurate statement of my work, ed • Services are provided without regard to the modern of the information on this application is considered.	s true and correct to the best of tion and/or repayment of more contractor to (1) contact a 3 ocial Security benefits and inconces regarding participation in o obtain, by fraudulent means federal laws; and Area Workforce Solutions and ucation, or training hours; hould care scholarship eligibility. I race, color, national origin, agonfidential.	ney for services for party to verify ome; and (3) obtain this program. s, services to which all information of usehold income; age, sex, disability, ephone number(services for services)	or which I was not entitled. I give income or family size; (2) use the social ain or share programmatic information the the individual is not entitled may be not this application represents a complete and family size at the time of submission. It political beliefs, or religion.				
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F. ACKNOWLEDGEMENT I certify the information I provided on this form is may constitute fraud and could result in prosecular permission to Workforce Solutions or its child can security numbers provided for identification of Solutions with third parties about myself and my circumstant By signing this form, I understand that: • an individual who obtains or attempts to prosecuted under applicable state and an applying for services from Capital and accurate statement of my work, ed • I am applying for services from Capital and accurate statement of my work, ed • Services are provided without regard to Services are provided without regard to The information on this application is confident without regard to the information of the provided without regard to the information of this application is confident without regard to the information of this application is confident without regard to the information of this application is confident without regard to the information of this application is confident without regard to the information of this application is confident without regard to the information of this application is confident without regard to the information of this application is confident without regard to the information of the informatio	s true and correct to the best of tion and/or repayment of more contractor to (1) contact a 3 ocial Security benefits and inconces regarding participation in o obtain, by fraudulent means federal laws; and Area Workforce Solutions and ucation, or training hours; hourdly care scholarship eligibility. It race, color, national origin, agonfidential.	ney for services for party to verify ome; and (3) obtain this program. s, services to which all information of usehold income; and ge, sex, disability, ephone number(sent, future, or passervices for passer	or which I was not entitled. I give income or family size; (2) use the social ain or share programmatic information the individual is not entitled may be in this application represents a complete and family size at the time of submission. I political beliefs, or religion. Solution is participation with Child Care Services.				
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