

**CHILD CARE SERVICES
ENROLLMENT APPLICATION**



All fields are required unless noted otherwise.

A. PARENT/GUARDIAN 1 INFORMATION

First Name:	Middle Initial:	Last Name:	Social Security Number (optional):
Physical Address:		City, State:	Zip Code:
Mailing Address (if different than above):		City, State:	Zip Code:
County of Residence:	1st Phone Number:	2nd Phone number:	Work number (optional):
Email Address:	Race/Ethnicity: Which of the following best describes you? Please select one. <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Multiracial or Biracial <input type="checkbox"/> A race/ethnicity not listed here <input type="checkbox"/> Prefer not to say		

Parent/Guardian 1 Employment Information- *Working includes being self-employed, part-time and full-time work, seasonal, or contract work.*

How many employers do you work for? ☐ 1 ☐ 2 ☐ 3 ☐ I'm self-employed ☐ None, looking for work or student

Employer Name (List all your employers, including self, if applicable)	Employer Phone Number	What is your job title?
1.		
2.		
3.		

Are you enrolled in any of the following? <input type="checkbox"/> College or University <input type="checkbox"/> High School/GED Program <input type="checkbox"/> Training Program (Technical School, Certification Program, etc) <input type="checkbox"/> I am not enrolled in any of these	If you answered yes , please answer the following: School Name: _____ Semester Start and End Date: _____ Class Schedule (days and hours): _____
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Is there a 2nd parent in the household? ☐ Yes ☐ No If you answered "yes", please complete Section B, "Parent/Guardian 2 Information". If "no", skip to Section C, "Household Members" section.

B. PARENT/GUARDIAN 2 INFORMATION- *complete the Parent 2 sections only if you answered yes to the question above.*

First Name:	Middle Initial:	Last Name:	Social Security Number (optional):
Race/Ethnicity: Which of the following best describes the 2 nd parent? Please select one. <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Multiracial or Biracial <input type="checkbox"/> A race/ethnicity not listed here <input type="checkbox"/> Prefer not to say			


Parent/Guardian 2 Employment Information- *Working includes being self-employed, part-time and full-time work, seasonal, or contract work. Skip to Section C if there is not a 2nd parent living in the household.*

How many employers does Parent/Guardian 2 work for? ☐ 1 ☐ 2 ☐ 3 ☐ Self-Employed ☐ None, looking for work or student

Employer Name (List all their employers, including self, if applicable)	Employer Phone Number	What is their job title?
1.		
2.		

3.			
Are they enrolled in any of the following? <input type="checkbox"/> College or University <input type="checkbox"/> High School/GED Program <input type="checkbox"/> Training Program (Technical School, Certification Program, etc.) <input type="checkbox"/> They are not enrolled in any of these		If you answered yes, please answer the following: School Name: _____ Semester Start and End Date: _____ Class Schedule (days and hours): _____	
C. HOUSEHOLD MEMBERS -in this section you will add your household members including children who need care and don't need care. Household members may include children under the age of 18 that live in your home, adults who are considered as a dependent of yours for income tax purposes and any other minors that you are responsible for. Do NOT add yourself or the second parent.			
Household Member 1			
First Name:	Middle Initial:	Last Name:	Date of Birth:
Race/Ethnicity: Which of the following best describes the 2 nd parent? Please select one. <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Multiracial or Biracial <input type="checkbox"/> A race/ethnicity not listed here <input type="checkbox"/> Prefer not to say			
What is the relationship between this household member and Parent/Guardian 1? Select one. <input type="checkbox"/> Biological Child <input type="checkbox"/> Adopted Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece or Nephew <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Not Related			
Is this a child who needs child care? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please answer the following two questions:	
Is this child a U.S. Citizen or have legal immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this child have a physical, mental disability or have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Say	
Household Member 2			
First Name:	Middle Initial:	Last Name:	Date of Birth:
Race/Ethnicity: Which of the following best describes the 2 nd parent? Please select one. <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Multiracial or Biracial <input type="checkbox"/> A race/ethnicity not listed here <input type="checkbox"/> Prefer not to say			
What is the relationship between this household member and Parent/Guardian 1? Select one. <input type="checkbox"/> Biological Child <input type="checkbox"/> Adopted Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece or Nephew <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Not Related			
Is this a child who needs child care? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please answer the following two questions:	
Is this child a U.S. Citizen or have legal immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this child have a physical, mental disability or have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Say	
Household Member 3			
First Name:	Middle Initial:	Last Name:	Date of Birth:
Race/Ethnicity: Which of the following best describes the 2 nd parent? Please select one. <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Multiracial or Biracial <input type="checkbox"/> A race/ethnicity not listed here <input type="checkbox"/> Prefer not to say			
What is the relationship between this household member and Parent/Guardian 1? Select one. <input type="checkbox"/> Biological Child <input type="checkbox"/> Adopted Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece or Nephew <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Not Related			
Is this a child who needs child care? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please answer the following two questions:	
Is this child a U.S. Citizen or have legal immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this child have a physical, mental disability or have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Say	

Household Member 4			
First Name:	Middle Initial:	Last Name:	Date of Birth:
Race/Ethnicity: Which of the following best describes the 2 nd parent? Please select one. <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Multiracial or Biracial <input type="checkbox"/> A race/ethnicity not listed here <input type="checkbox"/> Prefer not to say			
What is the relationship between this household member and Parent/Guardian 1? Select one. <input type="checkbox"/> Biological Child <input type="checkbox"/> Adopted Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Niece or Nephew <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Not Related			
Is this a child who needs child care? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please answer the following two questions:	
Is this child a U.S. Citizen or have legal immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this child have a physical, mental disability or have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Say	
Household Member 5			
First Name:	Middle Initial:	Last Name:	Date of Birth:
Race/Ethnicity: Which of the following best describes the 2 nd parent? Please select one. <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Multiracial or Biracial <input type="checkbox"/> A race/ethnicity not listed here <input type="checkbox"/> Prefer not to say			
What is the relationship between this household member and Parent/Guardian 1? Select one. <input type="checkbox"/> Biological Child <input type="checkbox"/> Adopted Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Niece or Nephew <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Not Related			
Is this a child who needs child care? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please answer the following two questions:	
Is this child a U.S. Citizen or have legal immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this child have a physical, mental disability or have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Say	
Household Member 6			
First Name:	Middle Initial:	Last Name:	Date of Birth:
Race/Ethnicity: Which of the following best describes the 2 nd parent? Please select one. <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native American or Alaskan Native <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Multiracial or Biracial <input type="checkbox"/> A race/ethnicity not listed here <input type="checkbox"/> Prefer not to say			
What is the relationship between this household member and Parent/Guardian 1? Select one. <input type="checkbox"/> Biological Child <input type="checkbox"/> Adopted Child <input type="checkbox"/> Stepchild <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input checked="" type="checkbox"/> Niece or Nephew <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Not Related			
Is this a child who needs child care? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please answer the following two questions:	
Is this child a U.S. Citizen or have legal immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does this child have a physical, mental disability or have special needs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer Not to Say	
D. OTHER HOUSEHOLD INCOME -in this section you will include all other income received <u>monthly</u> in the household, including from children. If no other income is received, write in "0" under amount.			
Type of other income:		Recipient Name:	Amount:
Workers Compensation			\$
Social Security Disability Income			\$
Rental Income for a house, homestead, store, or other property; or income 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:			\$

<p>Does the total value of your household assets exceed \$1,000,000? We understand most people don't have more than \$1 million in assets, but federal law requires us to ask. 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).</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>E. CHILD CARE PROVIDER INFORMATION <i>-in this section you will tell us about your child care provider selection.</i></p>		
<p>If you have chosen your child care provider(s), provide as much information as possible.</p>		<p>If you have not chosen your child care provider:</p>
Provider 1 Name:	License #:	<ul style="list-style-type: none"> Visit childcare.texas.gov to find a child care provider. Request our help to find a child care provider. Click the box to request our help. <p><input type="checkbox"/> Yes, please help me locate a child care provider!</p>
Address:	Phone:	
<p>Has provider 1 confirmed your child's spot is available? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
Provider 2 Name:	License #:	
Address:	Phone:	
<p>Has provider 2 confirmed your child's spot is available? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>F. ACKNOWLEDGEMENT</p>		
<p>I certify the information I provided on this form is true and correct to the best of my knowledge. I understand giving false information may constitute fraud and could result in prosecution and/or repayment of money for services for which I was not entitled. I give permission to Workforce Solutions or its child care contractor to (1) contact a 3rd party to verify income or family size; (2) use the social security numbers provided for identification of Social Security benefits and income; and (3) obtain or share programmatic information with third parties about myself and my circumstances regarding participation in this program.</p> <p>By signing this form, I understand that:</p> <ul style="list-style-type: none"> an individual who obtains or attempts to obtain, by fraudulent means, services to which the individual is not entitled may be prosecuted under applicable state and federal laws; and I am applying for services from Capital Area Workforce Solutions and all information on this application represents a complete and accurate statement of my work, education, or training hours; household income; and family size at the time of submission. I am entitled to be notified about my child care scholarship eligibility. Services are provided without regard to race, color, national origin, age, sex, disability, political beliefs, or religion. The information on this application is confidential. Workforce Solutions (WFS) may contact me by my cell or landline telephone number(s), mail address on file, e-mail address(es), or wireless device(s) to communicate information related to my current, future, or past participation with Child Care Services. WFS may utilize automated telephone dialing equipment, pre-recorded voice or text messages and I can opt-out using instructions provided with the automated service. 		
<p>Parent Signature:</p> 		<p>Date:</p>