

## Pymatuning Valley Local School District

### Little Laker Preschool Program

Dear Parent or Guardian,

Thank you for your interest in our preschool program. To be eligible for our program, your child must be three years old on or before August 1, 2021. Please complete the preschool application packet and return it along with the following required documents to the Pymatuning Valley Primary School:

- Birth Certificate: If you have misplaced your child's birth certificate and your child was born in Ohio, you can obtain a legal birth certificate from the Ashtabula County Health Department (Vital Statistics) by filling out an application and submitting a \$25.00 fee. Forms can be found online at [ashtabulacountyhealthdepartment.com](http://ashtabulacountyhealthdepartment.com) or you can call 440-576-6010 Ext. 3 for further assistance.
- Medical Statement: Form is provided in the packet- this is to be completed by your child's pediatrician.
- Immunization Record: Please submit a copy of your child's **MOST RECENT** immunization record. This can be obtained from your child's pediatrician.
- Parent / Guardian Driver License or State Issued Identification Card.
- Proof of Residency:
  - Deed or Lease Agreement
  - Utility Bill (within the last 90 days)
  - Assistance Verification (Job and Family Services)
  - Affidavit of Residency (signed and notarized)
- Custody Papers – If Applicable
- Early Childhood Education Grant Income Eligibility Worksheet
- Early Childhood Education Eligibility Screening Tool
- Income Verification: Acceptable documents include the prior year W2s / tax information, two consecutive paycheck stubs, benefit verification.

There are a limited amount of seats in our preschool classes and we will be able to serve the following student populations on a first come first served basis:

- Grant placements – 4year olds
- Special education
- Self-pay –at \$5.00 per day

Priority in placements will be given to 4 year old students. A placement will not be awarded until all of the paperwork is completed and submitted. Submission of a registration application does not guarantee enrollment in the preschool program.

If you have any questions, please contact Rebecca Charboneau at Pymatuning Valley Primary School  
**Phone:** 440-293-6206 **Fax:** 440-293-5152 **Email:** [rebecca.charboneau@pvschools.org](mailto:rebecca.charboneau@pvschools.org)

Pymatuning Valley Local School District  
PO Box 1180  
5571 US Route 6 W  
Andover, Ohio 44003  
Phone: (440) 293-6488 Fax: (440) 293-7654

Office of Early Learning and School Readiness  
**Preschool  
Enrollment Form**

Revised 11/30/18

This form meets Ohio Administrative Code. Programs may use this form or build their own.

### Section I - Student & Family Information

Child's Name _____	Date of Birth _____
Family/Guardian Name _____	Please select 1, 2 or 3 to set call order of phone number used to reach you:
Home Address _____	Cell Phone _____ Call Order _____
City _____ State _____ Zip _____	Home Phone _____ Call Order _____
Employer Name _____	Work Phone _____ Call Order _____
Employer Street Address _____	City _____ State _____ Zip _____

#### Alternate Family Information:

Family/Guardian Name _____	Please select 1, 2 or 3 to set call order of phone number used to reach you:
Family Street Address _____	Cell Phone _____ Call Order _____
City _____ State _____ Zip _____	Home Phone _____ Call Order _____
Employer Name _____	Work Phone _____ Call Order _____
Employer Street Address _____	City _____ State _____ Zip _____

### Section II - Authorization for Emergencies

**List 2 Emergency Contacts for use ONLY if the parents cannot be contacted:**

Name _____	Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

Please select 1, 2 or 3 to set call order of phone number used to reach emergency contact:

Home _____ Call Order _____	Home _____ Call Order _____
Cell _____ Call Order _____	Cell _____ Call Order _____
Work _____ Call Order _____	Work _____ Call Order _____

#### List Medical Contacts, In Case Of Emergency:

Physician _____	Dentist _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____	Phone _____

### Section III - Child's Health Information

Child's Chronic Medical/Health Needs

*Please complete both pages of form*

Child's History of Hospitalization:

Child's Disease History:

Child's Allergies/Treatment:

Child's Dietary Needs/Restrictions:

**NOTE: A MEDICATION FORM MUST BE COMPLETED FOR EACH MEDICATION ADMINISTERED WHILE IN PROGRAM ATTENDANCE**

Child's Medication/s:

## Section V - Registration Authorizations

I authorize the following to be listed on the parent roster: My child's name ☐ Yes ☐ No

Family name ☐ Yes ☐ No

Phone numbers ☐ Yes ☐ No

Exempt from immunizations because of religious conviction: ☐ Yes ☐ No

Child immunization records attached: ☐ Yes ☐ No

**Annual Class Roster:** Each year the program prepares a roster for each group of children. This roster will not be furnished to any persons other than parents of children enrolled in our program.

☐ Cell ☐ Home ☐ Work

Date

Signature of Authorized  
Family Member/Guardian

**PYMATUNING VALLEY PRIMARY SCHOOL  
REGISTRATION DATA**

Please Print

ENTRY DATE

Name of Student: _____		_____	_____
Last		First	Middle
First Language of Student _____			
Birthdate: month _____ day _____ year _____			
Birthplace (City) _____		Language spoken at home by student _____	
Mailing Address of student: _____			
( House # )		( Street name )	( P.O. Box # )
City: _____		Zip: _____	Home Phone: _____
School last attended: _____			
Address of above school: _____			
Last grade completed:	Grade to be entered at P.V.:	Has student ever attended P.V.:	Special course:

Does the student reside with a parent(s) within the Pymatuning Valley District? YES NO

If yes, please check one or both. Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_

Is the father or mother or both the natural parents: Father \_\_\_\_\_ Mother \_\_\_\_\_ Both \_\_\_\_\_

Name of Father: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Mother: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If there is divorce, is the Father or Mother the legal guardian? Father \_\_\_\_\_ Mother \_\_\_\_\_

(Documentation required) In order to facilitate the identification of custodial parents, the law requires any parent awarded custody in an action for divorce, annulment or dissolution to notify the child's school for the custody arrangements by providing the school with a certified copy of the custody order or decree at the time of enrollment or whenever such order of decree is made. Ohio School Law 9.01

Does the student reside in the Pymatuning Valley District with a guardian or Other custodian under court order? (Documentation required) YES NO

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Is there a pending court action which may affect custody or guardianship? (Documentation required) YES NO

Does this student claim to be self-supporting ("emancipated minor")? YES NO

If there is a step-mother or step-father, please fill out:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

(TURN OVER TO COMPLETE)

Indicate nature of any disabilities:

Physical \_\_\_\_\_

Allergies \_\_\_\_\_

Hearing \_\_\_\_\_ Visual \_\_\_\_\_

Other \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Brothers or Sisters in the same district:

Name \_\_\_\_\_ grade \_\_\_\_\_

Name \_\_\_\_\_ grade \_\_\_\_\_

Name \_\_\_\_\_ grade \_\_\_\_\_

Name \_\_\_\_\_ grade \_\_\_\_\_

Name \_\_\_\_\_ grade \_\_\_\_\_

Name \_\_\_\_\_ grade \_\_\_\_\_

I swear that I am a full time permanent resident of the Pymatuning Valley School District, or have duly noted otherwise. I hereby assure that the above information is accurate. I will notify the school district immediately if any of the information provided on the registration forms changes subsequent to the registration. I understand that there are penalties for falsification of information to public officials.

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Other

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Date of Entry \_\_\_\_\_

Health Records rec'd \_\_\_\_\_

B.C. received \_\_\_\_\_

Open enrollment \_\_\_\_\_

Specialized Program \_\_\_\_\_

SF14 student \_\_\_\_\_

District of Residence \_\_\_\_\_

## AFFIDAVIT OF RESIDENCY

Board of Education  
5571 State Route 6  
PO BOX 1180  
Andover, OH 44003  
(440) 293-6488

I, \_\_\_\_\_ certify that I am the owner/tenant of the dwelling/apartment located at:

Street Number/Name \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Occupancy \_\_\_\_\_

Primary School  
5571 State Route 6  
PO BOX 1180  
Andover, OH 44003  
(440) 293-6206

I, \_\_\_\_\_, certify that I am a full-time resident of the above address located within Pymatuning Valley School District, and do not maintain a separate residence elsewhere. Photo identification, such as an Ohio Driver's License with your most recent address, is required for identification.

Middle School  
5445 State Route 6  
PO BOX 1180  
Andover, OH 44003  
(440) 293-6981

Verification of the above residence must be provided to school officials. These items may include one or more of the following items as necessary:

Current Utility Bill  
Current Lease Agreement  
Current Assistance Verification  
Current Postal Verification

High School  
5571 State Route 6  
PO BOX 1180  
Andover, OH 44003  
(440) 293-6263

I, \_\_\_\_\_, further certify that this above information is true and accurate. I realize that should any of this information be false, I am liable for any penalties which the law provides under the criminal code and that I agree to pay the applicable tuition rate as determined by the Ohio Department of Education for each student listed below while illegally attending Pymatuning Valley Local School District and understand that immediate withdrawal will occur.

List below the names of all persons living with you at the above address:

Adults	Children	Birthdate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student's Name	Your Relationship to Student
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I have read this entire document and the information provided by me on this form is true and accurate

_____	_____	_____
Signature	Date	Phone Number



This form meets Ohio Administrative Code. Programs may use this form or build their own.

## Section I - Child Medical Information

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

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Immunizations:	Exempt from Immunization:
Complete for Age <input type="radio"/> Yes <input type="radio"/> No	Religious Conviction <input type="radio"/> Yes <input type="radio"/> No
In Process <input type="radio"/> Yes <input type="radio"/> No	Health <input type="radio"/> Yes <input type="radio"/> No
	Other _____

Limitations or health conditions, including allergies, medications, and dietary restrictions.

## Section II - Child Medical Statement Verification

Physician/Clinic/Hospital Name \_\_\_\_\_ Provider Address \_\_\_\_\_

Provider Phone Number \_\_\_\_\_ Provider City \_\_\_\_\_ Provider State \_\_\_\_\_ Provider Zip \_\_\_\_\_

### Check box of examining medical professional:

- ☐ Physician  
☐ Physician Assistant  
☐ Advanced Practice Registered Nurse

***This child has been examined and is in suitable condition to participate in group care.***

Signature of Medical Professional \_\_\_\_\_ Date of Exam \_\_\_\_\_

Programs funded through the Ohio Department of Education must have written policies and procedures to ensure that children have received comprehensive health screenings and/or that families are informed of the importance of health screenings and the resources to obtain them.

## Appendix A: Language Usage Survey

Parents and Guardians: Please only complete this page of the survey. The back of this form will be completed by the school. A completed language usage survey is required for all students upon enrollment in Ohio schools. This information will tell school staff if they need to check your child's proficiency in English. Answers to these questions ensure your child receives the education services to succeed in school. The information is not used to identify immigration status.

<b>Student Name:</b> <i>(First Name and Last Name)</i> _____		<b>Student Date of Birth:</b> <i>(mm/dd/yyyy)</i> _____
<b>Communication Preferences</b> Indicate your language preference so we can provide an interpreter or translated documents at no cost when you need them. All parents have the right to information about their child's education in a language they understand.	1. In what language(s) would your family prefer to communicate with the school? _____	
<b>Language Background</b> Information about your child's language background helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	2. What language did your child learn first? _____ 3. What language does your child use the most at home? _____ 4. What languages are used in your home? _____	
<b>Prior Education</b> Responses about your child's birth country and previous education give us information about the knowledge and skills your child is bringing to school and may enable the school to receive additional funding to support your child.	5. In what country was your child born? _____ 6. Has your child ever received formal education outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years/months? _____ If yes, what was the language of instruction? _____ 7. Has your child attended school in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did your child first attend a school in the United States? _____ / _____ / _____ Month      Day      Year	
<b>Additional Information</b> Please share additional information to help us understand your child's language experiences and educational background.	_____	
Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____ Parent/Guardian Signature: _____ Today's Date: <i>(mm/dd/yyyy)</i> _____		

Thank you for providing the information above. Contact your school or district office if you have questions about this form or about services available at your child's school. Translated information about schools' civil rights obligations to English learner students and limited English proficient parents can be found here: <https://www2.ed.gov/about/offices/list/ocr/ellresources.html>





**PYMATUNING VALLEY LOCAL SCHOOL DISTRICT ETHNICITY QUESTIONNAIRE**

**Student Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

Per United States Department of Education requirements, when collecting race/ethnicity information districts must collect this information by using a two- part question found below.

**Part 1: ETHNICITY**

Is the student **Hispanic/Latino** (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race) \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Regardless of whether your answer is Yes or No to Part 1, you must also select 1 or more racial groups in Part 2.**

**Part 2: RACIAL GROUP**

Is the student from one or more of the following racial groups (check all that apply):

\_\_\_\_ **(W) White**

People who have origins in any of the original peoples of Europe, North Africa, or the Middle East.

\_\_\_\_ **(B) Black or African American**

Persons having origins in any of the black racial groups in Africa.

\_\_\_\_ **(A) Asian**

Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

\_\_\_\_ **(I) American Indian or Alaskan Native**

Persons having origins in any of the original peoples of North and South America. (including Central America) And who maintain tribal affiliation or community attachment.

\_\_\_\_ **(P) Native Hawaiian or Other Pacific Islander**

Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_ **PARENT OR GUARDIAN REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP**

I (parent or guardian), refuse to designate the ethnicity of my child and understand that the school district is required by the United State Department of Education to determine the ethnicity of my child based on their observation of the student.

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**List First/Native Language** \_\_\_\_\_ **List Language spoken at home** \_\_\_\_\_

**FOR SCHOOL USE ONLY WHEN PARENT REFUSES TO LIST CHILD'S ETHNICITY AND RACIAL GROUP ABOVE**

School District's determination of child's ethnicity based on observation:

\_\_\_\_ Hispanic/Latino

\_\_\_\_ White

\_\_\_\_ Black or African American

\_\_\_\_ Asian

\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_ Native Hawaiian or Other Pacific Islander

Name of School District employee determining child's ethnicity (please print) \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

## Social Experience

Has your child attended preschool/daycare, Sunday school, or any other formal group experience?

\_\_\_\_\_

\_\_\_\_\_

By nature, is your child \_\_\_\_\_ friendly? \_\_\_\_\_ aggressive? \_\_\_\_\_ shy? \_\_\_\_\_ other

How does your child get along with siblings? \_\_\_\_\_

familiar adults? \_\_\_\_\_ strangers? \_\_\_\_\_

With what age does your child prefer to play? \_\_\_\_\_

How do you feel your child will adjust to the preschool situation? \_\_\_\_\_

Does your child prefer being \_\_\_\_\_ alone? \_\_\_\_\_ with friends?

What makes your child angry or upset? \_\_\_\_\_

What do you find is the best way to handle the child when she/he is: angry \_\_\_\_\_

sad/crying \_\_\_\_\_ hurt \_\_\_\_\_

Is your child frightened of any of the following:

Animals \_\_\_\_\_

Loud noises \_\_\_\_\_

Tall people \_\_\_\_\_

Dark \_\_\_\_\_

Rough children \_\_\_\_\_

Storms \_\_\_\_\_

Other: \_\_\_\_\_

Favorite toys or activities at home:

\_\_\_\_\_

\_\_\_\_\_

Has your child had experience with:

Clay \_\_\_\_\_

Scissors \_\_\_\_\_

Blocks \_\_\_\_\_

Easel painting \_\_\_\_\_

Finger painting \_\_\_\_\_

Water play \_\_\_\_\_

## Eating

Is your child usually hungry \_\_\_\_\_ at mealtime? \_\_\_\_\_ between meals?

What are your child's favorite foods?

What are your child's least favorite foods?

Any eating problems or allergies? \_\_\_\_\_ If so, please explain:

## Toilet Habits

Does your child tell you if she/he needs to go to the bathroom? \_\_\_\_\_

What word is used for urination? \_\_\_\_\_ Bowel movement? \_\_\_\_\_

Does your child need to go more frequently than other children his age? \_\_\_\_\_

Is your child frightened of the bathroom? \_\_\_\_\_ Does your child have accidents? \_\_\_\_\_

How does your child react to her/his accidents? \_\_\_\_\_

Does your child need help with toileting? \_\_\_\_\_

## Sleeping

Night sleep \_\_\_\_\_ to \_\_\_\_\_ Sleep soundly? \_\_\_\_\_

Day nap \_\_\_\_\_ to \_\_\_\_\_ Does your child sleep? \_\_\_\_\_

## Comments

In what particular ways can we help your child this year? (Ex. Social skills, pre-academic skills, self-help skills, etc.) Please explain.

What name would you like her/him learn to write? \_\_\_\_\_

With what name should we address your child? (i.e., nickname) \_\_\_\_\_



## Early Childhood Education Grant Income Eligibility Worksheet & Declaration of No Income

This worksheet is designed to assist Early Childhood Education Grant programs in determining income eligibility for children and families. **This worksheet is not required to be completed but is provided as a resource tool.** Income eligibility does not need to be completed for children who meet the following eligibility criteria (a list of acceptable documentation verifying the exempted category is included):

- Child has a current Individualized Education Plan (IEP) - a copy of the IEP must be on file for review
- Child lives with a foster or kinship family – a copy of the case plan or family service plan as defined in ORC 2151.412 or a copy of the Kinship Permanency Incentive Program papers must be on file for review

**Please be reminded that for children who meet the eligibility categories listed above, it is not necessary for families to provide income information on page 3 of the JFS 01121. The documentation listed above will be accepted instead. However, all other pages of the JFS 01121 are still required to be completed, including the signature field on page 3.**

### Section 1 – Determination of family size (leave row blank if not applicable).

	Number of parents/legal guardians of the child who reside in the home and all minor children of the parents/legal guardians who reside in the home
	Number of stepparents residing in the home, and all their minor children who reside in the home (do not count a minor child in this box if you counted them in the box above)
	Number of grandparents who reside in the home (only include this number if the parent of the child is a minor and is not participating in the LEAP program)
	Number of unmarried parents of any common child(ren) who reside in the home and the number of their minor children (do not count a minor child in this box if you counted them in one of the boxes above)
	Total number of individuals who should be included when determining family size



## Early Childhood Education

### Section 2 – Determination of family income (if the family does not have any earned or unearned income, please skip to Section 3).

- Both gross earned and unearned income should be included
- The income from all adult family members residing in the home, as identified in Section 1, should be included when determining family income

Please check below the income types received in the home. Documentation of all income received must be on file for review. Examples of acceptable documentation are provided. If documentation of income is not available due to the family experiencing homelessness, write “McKinney Vento” or “Project Act” on the JFS 01121 form on page three alongside the sources of any income where documentation is not available.

*Definition of homelessness: Individuals who lack a fixed, regular, or adequate nighttime residence and includes: 1) children who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals, 2) children who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation, 3) children who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and 4) migratory children who qualify as homeless because they are living in circumstances described in 1-3 above.*

Gross Earned Income	Gross Unearned Income
Employment – two consecutive paystubs or W2 form	Child support – child support letter and documentation of receipt
Self-employed – W2 form or current business records estimating income	Social Security Administration Disability – award letter
	Ohio Works First (OWF) Cash Assistance – award letter
	Unemployment Benefits – award letter
	Gifts from family members – statement from person giving the gift
	Veteran’s Payments – award letter
	Survivor Benefits – award letter
	Alimony – award letter
	Pension or Retirement Income – award letter
	Educational Assistance – award letter
	Other





## Early Childhood Education

### Section 3 – Declaration of no income

If a family has no income, they must provide a written explanation of how they are meeting basic living expenses, including but not limited to food, housing/shelter, utilities and transportation. The family must provide a statement indicating the information provided is true and accurate, must contain a detailed explanation of how all four living expenses noted above are met, and must contain the parent/guardian signature.

I, \_\_\_\_\_, verify that neither I nor any member of my family earns/receives any income. I/We have been meeting our basic needs in the following ways:

Food:	
Housing/Shelter:	
Utilities:	
Transportation:	

I certify that the information above is complete and accurate to the best of my knowledge. I understand that if I knowingly give false information or misrepresentation of my income, it may result in disqualification.

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Printed Name \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Ohio Department of Job and Family Services  
Ohio Department of Education  
**EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL**

Tell us about you (the applicant)			
First Name	MI	Last Name	
Address			Today's Date
City	State	County	Zip Code
Phone Number (     )	Additional Phone Number (     )	E-mail Address	

Tell us about the people in your home							
Name <i>(First, Middle, Last)</i>	Relationship to You <i>(spouse, son, friend, etc.)</i>	Race	Hispanic or Latino <i>Y or N</i>	Spoken Language	Date of Birth	Gender <i>M or F</i>	U.S. Citizen <i>Y or N</i>
	Self	<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					

## Tell us about your needs for your child(ren)

Child 1	Provider Name and Address	Child's Needs	What hours/days do you need services? (i.e. child care or preschool) <i>Check all that apply</i>
Name		Do you have concerns about your child's growth and/or development?  <input type="checkbox"/> Yes <input type="checkbox"/> No  Describe:	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat  <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings  <input type="checkbox"/> Weekends
Child's Mother's Maiden Name			What is the child's home school district?
Child's City of Birth			
Child 2	Provider Name and Address	Child's Needs	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		Do you have concerns about your child's growth and/or development?  <input type="checkbox"/> Yes <input type="checkbox"/> No  Describe:	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat  <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings  <input type="checkbox"/> Weekends
Child's Mother's Maiden Name			What is the child's home school district?
Child's City of Birth			
Child 3	Provider Name and Address	Child's Needs	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		Do you have concerns about your child's growth and/or development?  <input type="checkbox"/> Yes <input type="checkbox"/> No  Describe:	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat  <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings  <input type="checkbox"/> Weekends
Child's Mother's Maiden Name			What is the child's home school district?
Child's City of Birth			



## Tell us about your finances

Will you or the people in your home receive income this month? ☐ Yes ☐ No

Income refers to all the money that you and the people in your home receive such as earnings from employment, child/spousal/medical support, disability benefits, retirement benefits, Workers' Compensation, Social Security, SSI, Veterans Benefits, etc.

If yes, please complete the table below.

Name	Type of Income	Amount of Income (before taxes)	How Often Received (weekly, bi-weekly, etc)	Date Last Received	Work or School Schedule (please list times)
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____

Do you or anyone in your household pay Child or Spousal Support? ☐ Yes ☐ No

How Much?

Signature of Applicant

Date