

**Pymatuning Valley Local School District  
Little Laker Academy Preschool Program**

Dear Parent or Guardian,

Thank you for your interest in PV's Little Laker Academy preschool program! Your child must be 3-years-old by August 1, 2022 in order to enroll in our program in August. Our preschool registration process includes two (2) steps for the 2022-2023 school year:

1. Please complete registration online via the district's **FinalForms** account. To complete FinalForms, please follow the step-by-step account set up and registration page in this packet. The required supporting documents include:
  - a. **Birth Certificate:** If needed, you may obtain a legal birth certificate from the Ashtabula County Health Department (ACHD) by completing an application and submitting a \$25.00 fee. Visit [ashtabulacountyhealthdepartment.com](http://ashtabulacountyhealthdepartment.com) online (Environmental - Vital Statistics) or call 440-576-6010 Ext. 3 for assistance.
  - b. **Immunization Record:** Please submit a copy of your child's **MOST RECENT** immunization record. This can be obtained from your child's pediatrician.
  - c. **Parent/Guardian Driver License or State-Issued Identification Card**
  - d. **Proof of Residency:** Options include a deed or lease agreement; current utility bill (within the last 90 days); ODJFS public assistance verification; or a signed and notarized Affidavit of Residency
  - e. **Custody Papers** (if applicable)
2. Please complete the attached preschool registration packet. The following documents provide required information for licensed preschool programs in Ohio:
  - a. **Preschool Enrollment Form** (2 pages)
  - b. **Child Medical Statement** (1 page): This should be completed and signed by your child's pediatrician or primary care provider and expires 1-year from the date of the visit. Preschool enrollment is contingent upon a current medical statement. The office will remind parents of dates.
  - c. **Family and Child Information Sheet** (2 pages): This provides the preschool teachers and aides with information about your child's current needs in order to support them successfully during preschool.
  - d. **Early Childhood Education Grant Income Eligibility Worksheet** (3 pages)
  - e. **Early Childhood Education Eligibility Screening Tool** (3 pages); this requires additional evidence of **Income Verification** (acceptable documents include prior year's W2s/tax info, two consecutive pay stubs, benefits verification, etc.).

**Please note:** Completion of our preschool registration process does not guarantee enrollment in our preschool program. Our preschool program has a limited number of student seats based on our license and grantee status. We must prioritize enrollment for preschoolers with disabilities and 4-year-olds who are grant-eligible, followed by students whose families self-pay. Seats will not be reserved for a student with an incomplete registration.

Please contact **Rebecca Charboneau** at PV Primary School with any questions.  
**Phone:** 440-293-6206 **Fax:** 440-293-5152 **Email:** [rebecca.charboneau@pvschools.org](mailto:rebecca.charboneau@pvschools.org)



## FinalForms

### Parent registration

#### How do I sign up?

1. Go to: <https://pymatuningvalley-oh.finalforms.com/>
2. Locate the parent icon and click **NEW ACCOUNT** below.



3. Type your NAME, DATE OF BIRTH, and EMAIL. Next, click **REGISTER**.

*NOTE: You will receive an email within 2 minutes prompting you to confirm and complete your registration. If you do not receive an email, then check your spam folder. If you still can not locate the FinalForms email, then email [support@finalforms.com](mailto:support@finalforms.com) informing our team of the issue.*

4. Check your email for an **ACCOUNT CONFIRMATION EMAIL** from the FinalForms Mailman. Once received and opened, click **CONFIRM YOUR ACCOUNT** in the email text.

## FINALFORMS

Hello Clay Burnett,

Your FinalForms account with Demoville Local Schools (OHE) has been successfully created.

Please [click here to confirm your account](#) and complete your registration as a parent.

Thank you,  
Demoville Local Schools (OHE) Administration

5. Create your new FinalForms password. Next, click **CONFIRM ACCOUNT**.
6. Click **REGISTER STUDENT** for your first child.

**CLICK TO SWITCH TO 2022-23  
REGISTRATION**

And for more information on 2022-23

## My Students

MANAGE YOUR STUDENTS WITHIN THE SYSTEM.

| Status | Name | Sports/Activities | Actions |
|--------|------|-------------------|---------|
|--------|------|-------------------|---------|



## FinalForms

### Registering a student

#### What information will I need?

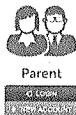
Basic medical history and health information. Insurance company and policy number. Doctor, dentist, and medical specialist contact information. Hospital preference and contact information.

#### How do I register my first student?

*IMPORTANT: If you followed the steps on the previous page, you may Jump to Step number 3.*

1. Go to <https://pymatuningvalley-oh.finalforms.com/>

2. Click **LOGIN** under the Parent Icon.



3. Locate and click the **ADD STUDENT** button.

4. Type in the **LEGAL NAME** and other required information. Then, click **CREATE STUDENT**.

5. **If your student plans to participate in a sport, activity, or club**, then click the checkbox for each. Then, click **UPDATE** after making your selection. Selections may be changed until the registration deadline.

6. Complete each form and sign your full name (i.e. 'Jonathan Smith') in the parent signature field on each page. After signing each, click **SUBMIT FORM** and move on to the next form.

Form Signatures

Parent Signature:

Your signature MUST match your name: Clayton Burnett

Student Signature:

Student must log in to sign.

**Submit Form**

[Skip this form](#)

7. When all forms are complete, you will see a 'Forms Finished' message.

*IMPORTANT: If required by your district, an email will automatically be sent to the email address that you provided for your student that will prompt your student to sign required forms.*

#### How do I register additional students?

Click **MY STUDENTS**. Then, repeat steps number 3 through number 7 for each additional student.

#### How do I update information?

Login at any time and click **UPDATE FORMS** to update information for any student.

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

**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

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

Child immunization records attached: ☐ Yes ☐ No

Date

Signature of Authorized  
Family Member/Guardian



Department  
of Education

Office of Early Learning and School Readiness  
**Child Medical Statement**

Revised 3/12/2018

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.



## Family and Child Information Sheet

By filling this information about your child and your family, it will help us create a positive experience while in our program. Please share anything that will be helpful in understanding your child's habits, abilities, and personality.

### Family Information

1. Child's Full name: \_\_\_\_\_
2. Who is in your child's immediate family? \_\_\_\_\_
3. Who lives at home with your child? \_\_\_\_\_
4. How does your child get along with siblings? \_\_\_\_\_  
Familiar adults? \_\_\_\_\_ Strangers? \_\_\_\_\_
5. What is the primary language spoken in the home? \_\_\_\_\_
6. Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? Additional details? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Are there any changes or transitions that your child has recently experienced or is experiencing? \_\_\_\_\_  
\_\_\_\_\_
8. Do you have any pets at home? If so, what are their names? \_\_\_\_\_  
\_\_\_\_\_

### Child Information

1. Has your child had a previous care arrangement? Please explain. \_\_\_\_\_  
\_\_\_\_\_
2. Does your child have any favorite foods? \_\_\_\_\_
3. Does your child have any food they dislike? \_\_\_\_\_
4. Does your child have any food allergies that we should be aware of? (Please note that licensing requires documentation be completed for children with food allergies and/or dietary restrictions) \_\_\_\_\_  
\_\_\_\_\_
5. By nature, is your child
  - a. Friendly \_\_\_\_\_
  - b. Aggressive \_\_\_\_\_
  - c. Shy \_\_\_\_\_
  - d. Other \_\_\_\_\_
  - e. Kind \_\_\_\_\_
  - f. Active \_\_\_\_\_
  - g. Anxious \_\_\_\_\_
6. Does your child prefer being alone \_\_\_\_\_ or with friends? \_\_\_\_\_
7. Are there things that frighten your child? If so, how do he/she react and what do you do to comfort him/her? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. What causes your child to feel angry or frustrated? \_\_\_\_\_  
\_\_\_\_\_

9. What do you find is the best way to handle the child when she/he is...
- a. Angry \_\_\_\_\_
  - b. Sad/Crying \_\_\_\_\_
  - c. Hurt \_\_\_\_\_
10. What routines/actions or items do you use to comfort your child?  
\_\_\_\_\_
11. What are some of your child's favorite toys or activities at home?  
\_\_\_\_\_
12. Has your child had experience with? (Check all that apply)
- a. Blocks \_\_\_\_\_
  - b. Finger painting \_\_\_\_\_
  - c. Scissors \_\_\_\_\_
  - d. Easel painting \_\_\_\_\_
  - e. Water play \_\_\_\_\_

### **Health/Toilet Habits**

1. What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)  
\_\_\_\_\_
2. Is your child toilet trained? If not, have you started the process?  
\_\_\_\_\_
3. Do your child need help when using the bathroom?  
\_\_\_\_\_
4. Does your child have trouble sleeping?  
\_\_\_\_\_

### **Comments:**

1. What might you and/or your child be anxious about as he/she starts in this program?  
\_\_\_\_\_  
\_\_\_\_\_
2. In what particular ways can we help your child this year? (social skills, pre-academics skills, self-help skills, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What name would you like her/him to learn to write? \_\_\_\_\_
4. With what name should we address your child? (ie nickname) \_\_\_\_\_

Thank you for taking the time to complete this for us. We are looking forward to having a great year with both you and your child. Feel free to reach out if anything should change within your home that you feel we should be aware of.





## 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**

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

| <b>Tell us about the people in your home</b> |   |   |                                     |                 |               |                         |                               |
|--|---|---|-------------------------------------|-----------------|---------------|-------------------------|-------------------------------|
| Name<br><i>(First, Middle, Last)</i>         | Relationship to You<br><i>(spouse, son, friend, etc.)</i> | Race  | Hispanic or Latino<br><i>Y or N</i> | Spoken Language | Date of Birth | Gender<br><i>M or F</i> | U.S. Citizen<br><i>Y or N</i> |
|  | Self  | <input type="checkbox"/> African American<br><input type="checkbox"/> Alaska Native/American Indian<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Caucasian<br><input type="checkbox"/> Hawaiian/Pacific Islander |                                     |                 |               |                         |                               |
|  |   | <input type="checkbox"/> African American<br><input type="checkbox"/> Alaska Native/American Indian<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Caucasian<br><input type="checkbox"/> Hawaiian/Pacific Islander |                                     |                 |               |                         |                               |
|  |   | <input type="checkbox"/> African American<br><input type="checkbox"/> Alaska Native/American Indian<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Caucasian<br><input type="checkbox"/> Hawaiian/Pacific Islander |                                     |                 |               |                         |                               |
|  |   | <input type="checkbox"/> African American<br><input type="checkbox"/> Alaska Native/American Indian<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Caucasian<br><input type="checkbox"/> Hawaiian/Pacific Islander |                                     |                 |               |                         |                               |
|  |   | <input type="checkbox"/> African American<br><input type="checkbox"/> Alaska Native/American Indian<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Caucasian<br><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?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>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<br><br><input type="checkbox"/> Mornings<br><input type="checkbox"/> Afternoons<br><input type="checkbox"/> Evenings<br><br><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?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>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<br><br><input type="checkbox"/> Mornings<br><input type="checkbox"/> Afternoons<br><input type="checkbox"/> Evenings<br><br><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?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>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<br><br><input type="checkbox"/> Mornings<br><input type="checkbox"/> Afternoons<br><input type="checkbox"/> Evenings<br><br><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<br>(before taxes) | How Often Received<br>(weekly, bi-weekly, etc) | Date Last Received | Work or School Schedule<br>(please list times)   |
|------|----------------|------------------------------------|--|--------------------|--|
|      |                |                                    |  |                    | <input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____<br><input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____<br><input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____<br><input type="checkbox"/> Wed _____ |
|      |                |                                    |  |                    | <input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____<br><input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____<br><input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____<br><input type="checkbox"/> Wed _____ |
|      |                |                                    |  |                    | <input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____<br><input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____<br><input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____<br><input type="checkbox"/> Wed _____ |
|      |                |                                    |  |                    | <input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____<br><input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____<br><input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____<br><input type="checkbox"/> Wed _____ |
|      |                |                                    |  |                    | <input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____<br><input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____<br><input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____<br><input type="checkbox"/> Wed _____ |

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

**How Much?**

**Signature of Applicant**

**Date**