



SUBSIDIZED CHILDCARE APPLICATION



Parent Information:

Parent A	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother/father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent In Home: <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Name: _____		Primary Language: _____		Telephone Number: _____	
	Address: _____		City: _____		Zip Code: _____	
	Working: <input type="checkbox"/> Yes <input type="checkbox"/> No		Employer: _____		Student: <input type="checkbox"/> Yes <input type="checkbox"/> No School: _____	

Parent B	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother/father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent In Home: <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Name: _____		Primary Language: _____		Telephone Number: _____	
	Address: _____		City: _____		Zip Code: _____	
	Working: <input type="checkbox"/> Yes <input type="checkbox"/> No		Employer: _____		Student: <input type="checkbox"/> Yes <input type="checkbox"/> No School: _____	

Child Information:

1.	Last Name: _____	First Name: _____	Birthdate: _____ / _____ / _____
2.	Last Name: _____	First Name: _____	Birthdate: _____ / _____ / _____
3.	Last Name: _____	First Name: _____	Birthdate: _____ / _____ / _____
4.	Last Name: _____	First Name: _____	Birthdate: _____ / _____ / _____

Names and birthdates of other children in the home under the age of 18 who will not be receiving child care/preschool services

Family Information:

Family Size: _____

Income : Please enter monthly amounts from all sources **before** any deductions

TOTAL GROSS (MONTHLY) HOUSEHOLD INCOME: \$ _____

Please check all sources of income that apply:

<input type="checkbox"/> Adoption Subsidies	<input type="checkbox"/> Foster Grants	<input type="checkbox"/> Social Security
<input type="checkbox"/> Cash Aid/TANF \$ _____	<input type="checkbox"/> Inclusion	<input type="checkbox"/> Spousal Support/Survivor Benefits
<input type="checkbox"/> CAN	<input type="checkbox"/> Military	<input type="checkbox"/> Student Financial Aid specifically for living expenses
<input type="checkbox"/> Child Support	<input type="checkbox"/> Pensions	<input type="checkbox"/> Unemployment/Disability/ Workers Compensation

I understand that it is my responsibility to notify Allan Hancock College Children's Lab Scholl of any changes to the information on this application. Failure to report changes may be cause for removal of this application from the eligibility list. By signing this application you agree that all information provided is accurate and may be shared with other agencies in helping you to receive child care services.

Signature of Applicant

Date

Return Application To:
Allan Hancock College Children's Center
800 S. College Drive Bldg. I, Santa Maria, CA 93454
Telephone: 805-922-6966 x 3567 Fax: 805-922-6662
childcarecenter@hancockcollege.edu