



## APPLICATION FOR CHILD CARE SERVICES

<b>FAMILY INFORMATION</b>			
Parent/Guardian Name: _____			
Family Address: _____			
Street	Apt.#	City	Zip Code
Monthly Gross Income: _____		Family Size: _____	
Daytime Phone#: _____		Evening Phone#: _____	
Parent/Guardian SSN#: _____		Parent/Guardian Birthdate: _____	
Parent/Guardian Email Address: _____			
Parent/Guardian Education Level: _____			
Referred by? _____		Are you related to anyone? _____	
<b>FAMILY INCOME SOURCES (check all that apply)</b>			
<input type="checkbox"/> TANF/TAFDC	<input type="checkbox"/> Food Stamps	<input type="checkbox"/> FED Benefits	<input type="checkbox"/> Employed
<input type="checkbox"/> Housing	<input type="checkbox"/> Child Support	<input type="checkbox"/> SSI	<input type="checkbox"/> Self-Employed
<b>CHILD(REN) INFORMATION (needing care)</b>			
Child's Name: _____			
Child's SSN#: _____		Child's Birthdate: _____	
Child's age order: _____			
Child's Name: _____			
Child's SSN#: _____		Child's Birthdate: _____	
Child's age order: _____			
<b>DEMOGRAPHIC INFORMATION</b>			
<input type="checkbox"/> Refuse Ethnicity Information	<input type="checkbox"/> White	<input type="checkbox"/> Native Amer/Alaskan	<input type="checkbox"/> Black/African
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> Hawaiian/Pacific	<input type="checkbox"/> Other
Is your child enrolled in child care now?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, is he/she enrolled in a subsidized slot?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, reason for need to transfer to new program:		<input type="checkbox"/> Aging-Out	<input type="checkbox"/> Moving <input type="checkbox"/> Other
If no, reason Child Care is Needed: _____			
<i>Office Use Only:</i>			
Eligibility Status: <input type="checkbox"/> OCCS <input type="checkbox"/> Voucher <input type="checkbox"/> Full Fee <input type="checkbox"/> Area IV <input type="checkbox"/> Community Partnership <input type="checkbox"/> Community Scholarship <input type="checkbox"/> Other			
Program Staff Signature		Date Application Submitted	

**MAIL THIS FORM** Attn: Enrollment  
 Associated Early Care and Education  
 95 Berkeley Street, Suite 306  
 Boston, MA 02116

**OR FAX THIS FORM** Attn: Enrollment  
 617 695 9590

