

(Apply if employed, accredited school or TANF) **COMPLETE FREE AFTER SCHOOL CHILD CARE APPLICATION**

(print clearly)

(Submit two recent paycheck stubs)

1 Parent Name (first) _____ (last) _____ SS# _____
2. Parent Name (first) _____ (last) _____ SS# _____

Address _____ City _____ Zip code _____

Phone(home) _____ (cell) _____ Birthdate _____

Email _____

Work Information:

Company name(parent(s)) _____ / _____

Company address _____ City _____ Zip Code _____

Company phone _____

Work Schedule

Travel Time _____

Mon / Tues / Wed / Thur / Fri / Sat / Sun

From _____ / _____ / _____ / _____ / _____ / _____ / _____

To _____ / _____ / _____ / _____ / _____ / _____ / _____

Child Name (first) _____ (last) _____ Birthdate _____ SS# _____

Child Name (first) _____ (last) _____ Birthdate _____ SS# _____

Monthly income (Gross)

Employment \$ _____ child support \$ _____ TANF \$ _____ Other \$ _____

1. Parent signature _____

2. Parent signature _____