Date:	UNIVERSITY SETTLEMENT CHILDREN'S CORNER EARLY CHILDHOOD CENTER **Application**		INTERESTED IN: ☐ Day Care ☐ Head Start ☐ Private
PARENT/GUARDIAN LAST NAME	PARENT/GUARDIAN FIRST NAME	UNDER 21?	RELATIONSHIP TO CHILD
1.		☐ YES ☐ NO	
2.		☐ YES ☐ NO	
STREET ADDRESS		APT NO.	TELEPHONE #
			(H): (C): (W):
CITY OR BOROUGH	STATE	ZIP CODE	NO. OF PARENTS IN HOUSEHOLD
			☐0 ☐ 1 ☐ 2

Race: ☐ B= Black/African American ☐ W= White ☐ A=Asian ☐ N=American Indian or Alaskan Native ☐ BM= Biracial/Multiracial ☐ P= Native Hawaii/Other Pacific Islander ☐ O= Other ____________

Ethnicity: ☐ Hispanic or Latino Origin ☐Non-Hispanic/Non-Latino: ____________

How did you know about our program? ☐ Friends ☐Family ☐ Other____________

Hours of care needed: ☐ 8–6 ☐ 8:30–5:30 ☐ 9-5 ☐ 9:30- 3:30 ☐ 9:30- 4:30

Why do you need care? ☐ Working Full Time ☐ Working Part Time ☐ Looking for Work ☐ In School ☐ Illness….☐ Preventive/Protective Referral ☐ Other(EXPLAIN)____________

CHILDREN REQUIRING CHILD CARE SERVICES

	NAME	DOB	SEX (M/F)	Language Spoken
1				
2				
3				

OTHER HOUSEHOLD MEMBERS

	NAME	DOB	SEX (M/F)	Language Spoken
1				
2				
3				

Has the child attended child care/preschool? ☐ YES ☐ NO If Yes, Name of the provider/school:____________

Type of program: ☐EHS ☐FDC ☐Other HS ☐ Private

Has the child lived away from you? ☐ YES ☐ NO If Yes, where and for how long? ____________

Who is the child's primary caretaker during the day? ____________

Does child have Health Insurance? Yes ☐ No ☐ If yes, what kind? ____________

Does family have Health Insurance? Yes ☐ No ☐ If yes, what kind? ____________

Does your child currently have a diagnosed medical condition? Yes ☐ No ☐ If yes, indicate:____________

Does child have any special needs? Yes ☐ No ☐ If yes, please indicate:____________

Did the child receive Early Intervention Services? ☐ YES ☐ NO If Yes, what services? ____________

Child's Name: ______________________ DOB: _________

Please check the box for the applicable family size and income bracket.

Head Start Poverty Guidelines as of 2014

Family size	100%	130%	Other (Specify)
☐ 1	$11,670 ☐	$15,171 ☐	
☐ 2	$15,730 ☐	$20,449 ☐	
☐ 3	$19,790 ☐	$25,727 ☐	
☐ 4	$23,850 ☐	$31,005 ☐	
☐ 5	$27,910 ☐	$36,283 ☐	
☐ 6	$31,970 ☐	$41,561 ☐	
☐ 7	$36,030 ☐	$46,839 ☐	
☐ 8	$40,090 ☐	$52,117 ☐	

For family unit with more than 8 members, add: $4,060 for each additional member. **Family Income: ___________**

Selection Criteria: Applications will be prioritized based on the family's needs. Please indicate whether any of the following categories is applicable to your family. Check all that apply.

- ☐ Lives in East NY (1)
- ☐ active ACS case (4)
- ☐ foster child (3)
- ☐ teen parent (3)
- ☐ Unemployed (2)
- ☐ single parent (1)
- ☐ Sibling (1)
- ☐ preventive services referral: (4) ____________________________
- ☐ social services/healthcare agency referral : (2) ____
- ☐ both parents work & live out of state (2)
- ☐ child is currently living/raised overseas (1)
- ☐ diagnosed disability – child (2)
- ☐ suspected disability-child (1)
- ☐ family protection/domestic violence (4)
- ☐ grandparent as caretaker (2)
- ☐ parents are recent immigrants (1)
- ☐ housing needs- homeless/shelter (4)
- ☐ housing needs- unsafe/over crowed (3)
- ☐ parent with disabilities/serious illness(3)
- ☐ parent/child in counseling (2)
- ☐ parent enrolled in WEP (1)
- ☐ parent in school/vocational training (1)
- ☐ other: _________________________

Comments regarding above criteria:____
____
____
____

Is there anything else you would like us to know about your child/family at this time?
____
____

What is the best way to contact you? ____

Parent/Guardian's Signature: ____ **Date**: ____________________

Staff Signature: ____ **Date**: ____________________

For Office Use Only

☐Head Start ☐Child Care ☐ Head Start Over Income ☐UPK ☐ Private

☐ Within ECC Catchment Area ☐ Out of Catchment Area ☐ Sibling of currently enrolled child

☐ Within 100% poverty guidelines ☐ Within 120% poverty guidelines ☐ Above 120% poverty guidelines

☐ High Priority ☐ Medium Priority ☐ Low Priority

Comments:____
____ Total points:
__________________ **Age Eligible _________ yrs old class room in 20_____________**