

**FSA Child Care**  
 170 North St  
 Dryden, NY 13053  
 607-844-8211 x4477

**APPLICATION**

Date: \_\_\_\_\_

Beginning date: \_\_\_\_\_

Days required: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_  
 (Time) (Time) (Time) (Time) (Time)

**ENROLLING CHILD'S INFORMATION**

Child's legal last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_ Nickname \_\_\_\_\_  
 Date of birth \_\_\_\_\_ Gender:  Female  Male Main language spoken at home \_\_\_\_\_  
 Race:  Black  White  Hispanic/Latino  American Indian  Other (specify) \_\_\_\_\_  
 Asian/Pacific (specify) \_\_\_\_\_ Multi-racial (specify) \_\_\_\_\_

**FAMILY INFORMATION**

Parent/guardian's name \_\_\_\_\_ Parent/guardian's name \_\_\_\_\_  
 Social Security number \_\_\_\_\_ Social Security number \_\_\_\_\_  
 Relationship to child \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Street address \_\_\_\_\_ Street address \_\_\_\_\_  
 City, state, ZIP \_\_\_\_\_ City, state, ZIP \_\_\_\_\_  
 Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Phone: Home \_\_\_\_\_ work \_\_\_\_\_  
 E-mail \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_ Cell \_\_\_\_\_

What is your employment status? (check one)

Full-time  Unemployed  
 Part-time  In school

What is your employment status? (check one)

Full-time  Unemployed  
 Part-time  In school

Do you receive public assistance (TANF)?  Yes  No

Family's yearly gross income (income before taxes and deductions): \_\_\_\_\_

**FAMILY MEMBERS AND SIGNIFICANT OTHERS LIVING IN THE HOME**

First and last names of ALL the other children and household members not listed on this application	Gender	Relationship to child
1	M F	
2	M F	
3	M F	
4	M F	

**Has your child been diagnosed with, or is your child suspected to have, any of the following that might require special education and related services? Do you have other concerns about your child? (Please check all that apply.)**

Speech/language impairment  Physical impairment  Emotional/behavioral disorders  
 Vision impairment/blindness  Developmental delay  No concerns  
 Health concerns (specify) \_\_\_\_\_  
 Other concerns (specify) \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

Date \_\_\_\_\_