

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 _____