

WAITLIST APPLICATION

Date _____

PARENT INFORMATION

Name: Last _____ First _____ Middle _____

Date of Birth _____ Social Security* ____ - ____ - ____ Phone _____

*Social Security Numbers are not used to determine eligibility

Email address _____

Physical Address _____ CITY _____ STATE _____ ZIP _____

Mailing Address (if different) _____ CITY _____ STATE _____ ZIP _____

CHILD(ren) NEEDING CHILD CARE

Last _____ First _____ Middle _____ DOB ____/____/____

Last _____ First _____ Middle _____ DOB ____/____/____

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Last _____ First _____ Middle _____ DOB ____/____/____

Last _____ First _____ Middle _____ DOB ____/____/____

PLEASE CHECK ALL THE APPLY

_____ I am a veteran

_____ I am a teen parent pursuing my High School Diploma (GED)

_____ I am a parent of a child with disabilities

_____ I am caregiver for a child of a person deployed in the military

_____ I am a single parent working or in training 25 hours/week

_____ I am a two parent household working or in training 50 hours/week

_____ Other (Please describe) _____

Number of members in your family (including yourself): _____

Do you have a child care provider selected? ___ YES ___ NO If yes, please name provider: _____

What date do you need child care to begin? ____/____/____

Childcare schedule:* _____ Full Time (Monday through Friday) _____ After School _____ Days per week

***Workforce Solutions of the Coastal Bend does not provide summer or vacation care.**

What days do you need care (check box): Monday Tuesday Wednesday Thursday Friday

Signature

Date