



# SELF-PAY CHILDCARE APPLICATION



## Parent Information:

<b>Parent A</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother/father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent    In Home: <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Name: _____		Primary Language: _____		Telephone Number: _____	
	Address: _____		City: _____		Zip Code: _____	
	Working: <input type="checkbox"/> Yes <input type="checkbox"/> No		Employer: _____		Student: <input type="checkbox"/> Yes <input type="checkbox"/> No    School: _____	

<b>Parent B</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Stepmother/father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent    In Home: <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Name: _____		Primary Language: _____		Telephone Number: _____	
	Address: _____		City: _____		Zip Code: _____	
	Working: <input type="checkbox"/> Yes <input type="checkbox"/> No		Employer: _____		Student: <input type="checkbox"/> Yes <input type="checkbox"/> No    School: _____	

## Child Information:

1.	Last Name: _____	First Name: _____	Birthdate: _____ / _____ / _____
2.	Last Name: _____	First Name: _____	Birthdate: _____ / _____ / _____
3.	Last Name: _____	First Name: _____	Birthdate: _____ / _____ / _____
4.	Last Name: _____	First Name: _____	Birthdate: _____ / _____ / _____

Names and birthdates of other children in the home under the age of 18 who will not be receiving child care/preschool services

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I understand that it is my responsibility to notify Allan Hancock College Children's Lab Scholl of any changes to the information on this application. Failure to report changes may be cause for removal of this application from the eligibility list. By signing this application you agree that all information provided is accurate and may be shared with other agencies in helping you to receive child care services.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Return Application To:**  
**Allan Hancock College Children's Center**  
**800 S. College Drive Bldg. I, Santa Maria, CA 93454**  
**Telephone: 805-922-6966 x 3567 Fax: 805-922-6662**  
**childcarecenter@hancockcollege.edu**