

Concord Child Care Center, Inc. 1360 Detroit Ave, Concord CA 94520 *Ph:* 925-689-5151 *Fx:* 925-689-5385

Full-Time Child Care	Rank:

Child Care Eligibility List Application

FAMILY INFORMATION:

MOTHER:		FATHER:		
Name		Name		
Address		Address		
City	Zip	City	Zip	
Home Phone:		Home Phone:		
Cell Phone:	ell Phone: Cell Phone			
Email:		Email:		
Foster/Guardian Yes	No	Foster/Guardian Yes	No	

ELIGIBILITY AND NEED INFO: Circle all that apply for each parent in the household.

Working: Yes No	Seeking Employment: Ye	es No	Working: Yes No	Seek	ing Employment: Yes No
Name of Company & Phone Number (if working)		Name of Company & Phone Number (if working)			
Hours worked per week	Hourly Rate \$		Hours worked per week		Hourly Rate \$
Attending School: Yes	No # of Units		Attending School: Yes	No	# of Units
Name of School:			Name of School:		
Incapacitated: Yes Duration of incapacitation					
Other Income: Welfare	′Cash Aid \$	Social	Security \$	Oth	er \$

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Were you referred by Children and Family Services/At Risk Agency?	Voc	No
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Worker's Name: ______ Worker's Number:

CHILD(REN) INFORMATION: Please include all children in the household.

Child's full legal Name	Date of Birth	Gender	Amount of Child Support (if any)
		🗖 Male 🗖 Female	
		🗖 Male 🗖 Female	
		🗖 Male 🗖 Female	
		🗖 Male 🗖 Female	

Application kept on file for up to one year from last update.