



Serving Armstrong, Beaver, Butler, Indiana and Lawrence Counties

139 Rieger Road | Butler, PA 16001

Dear Parents:

USE THIS CHECK LIST FOR COMPLETING THE APPLICATION:
(SEE OTHER SIDE)

APPLICATION FORM

- Signed and dated Immunization Certificate – Page 4
- Signed and dated Release of Information by **all** parent/caretakers & spouses in the home – Page 6
- Signed and dated Affidavit by **all** parent/caretakers & spouses in the home – Page 7
- Complete and return all pages of the application

VERIFICATION OF FAMILY COMPOSITION:

(Please provide ***ONE*** of the following for each child in the household)

- Birth certificate
- Custody order
- Medical record or a written statement from a physician
- School record

EMPLOYMENT OR TRAINING FORMS:

- For yourself
- For your husband, wife, or parent of the child(ren)
- All Employment Verification forms signed by employee and employer
- Training Verification form signed by student and school official
- Computer generated copy of class schedule
- Education form from High School

FOUR CONSECUTIVE WEEKS OF PAY STUBS WITHIN THE LAST SIX WEEKS:

- For yourself
- For your husband, wife, or parent of the child(ren)

SELF-EMPLOYMENT:

- Self –employment verification form
- Self-employment work hours and need for care form
- Federal Tax return with all supporting forms and schedules – required if self-employed in the previous year
- Notarized profit and loss statement – acceptable if no Federal Tax Return was completed

OTHER INCOME:

- Money received for babysitting
- Room and board
- Rent
- Social security or SSI
- Unemployment or workers compensation
- Money for college or training
- Dividends or interest
- Pensions
- Commissions
- Union Pay
- Cash assistance
- Other

ALLOWABLE INCOME DEDUCTIONS:

- Child support or alimony paid out
- Large ongoing medical expenses (being **PAID MONTHLY**)

CHILD SUPPORT:

- Thirteen (13) week printout from Domestic Relations and copy of the latest court order
- If child support is received privately (not through the courts) write a statement declaring the amount received per month
- Other documentation

FOSTER PARENTS:

- Letter stating the foster child is placed in your home and is permitted to attend daycare

OTHER:

- Medical assessment form
- Authorization for information signed by all parent/caretakers or spouses
- Verification of residence (living address) for all parent/caretakers or spouses
- Verification of identity for all parent/caretakers or spouses (ex. Drivers license or Identification card – if these are not available, please call for other acceptable verification)
- _____

Please mail, fax, or bring your application and all required papers to:

Armstrong, Beaver, Butler, Indiana and Lawrence County Residents:

Early Learning Resource Center (ELRC)

139 Rieger Road

Butler, PA 16001

Phone: (724) 285-9431 | Fax: (724) 285-7320

PLEASE BE SURE PAGES 4, 6 AND 7 ARE SIGNED

Thank you,

ELRC Representative

In order to meet the standards set by ADA (Americans With Disabilities Act), alternate meeting arrangements can be made when requested.