

Tres Manos Child Development Center

Child Care Application and Recertification Form

Section I: For Student Use

Name _____ SS# _____
Last, First Middle Initial

Address _____
Street City, State Zip

Telephone _____ CNM ID# _____

Child care is being requested beginning with which of the following terms: Fall 20__ Spring 20__ Summer 20__

Please complete the following:

List yourself, all adult members and all children	Social Security #	Date of Birth (month, day, year)	Relationship to you	Do both parents live with this child? (Y/N)

Please provide the following information concerning household income.

Name of worker	Employer name, and phone number	Monthly gross income	Date you started working	#of hours per week

I hereby certify that the information I have provided on this form is true and complete to the best of my knowledge, and I understand my rights and responsibilities. Additionally, I understand that to remain eligible for this program, I must maintain at least 6 credit hours of enrollment, or if and Adult Education student, continue to attend 2 hours of classes per day. I have been informed that my child will need to meet the city's minimum attendance requirement and certify that my child is potty trained.

Student Signature _____ Date _____

For Adult Education Use Only

This is to certify that the above student is registered for at least 2 hour of class per day for the following term:

Fall 20____ Spring 20____ Summer 20____

Authorized Adult Education Signature_____ Date_____

Section II: For Financial Aid Office Use Only

- Class Schedule or ABE statement
- Income meets program requirements
- Child(ren) age meets requirements
- Eligible Not Eligible
- Referral to Center Fall 20____ Spring 20____ Summer 20____
- Referral Confirmed _____
Date

Comments: _____

Reviewer_____ Date_____