



☐ New
☐ Redetermination
☐ Sibling

Early Childhood Education Fund Application

Family Application Form 2026-2027

Date of Application: _____

Child Care Center: _____

Information Required	Enter Required Information in this Column
Child's Name	
Child's Date of Birth	
Child's Race	
Child's Ethnicity Hispanic or Latino if applicable	
Mother or Guardian Name	
Father or Guardian Name	
Child lives with?	
Home Address where the Child Resides	
Contact Phone Number	
Email Address	
Total Number of People in the Household	
Number of Adults in the Household who are legally responsible for the child	
Number of Children under 18 in the Household Provide birth certificate for each child in the family	
Parent/Guardian Employed? Provide 4 sequential pay statements for each adult in the household	
Parent/Guardian in School? Provide official school transcript or letter from Advisor and Statement of No Income	
Parent/Guardian Actively Seeking Employment? Provide HIRE Account and Statement of No Income	
Parent/Guardian Print Name:	Parent/Guardian Signature:

My signature above indicates that I have completed the Early Childhood Application with true and accurate information.