



DSECC Pre-Enrollment Application

Children Needing Care

Child's Name: _____ Date of Birth: _____

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Parent or Guardian Responsible for Children (listed above)

Parent/Guardian: _____ Relationship: _____

Parent/Guardian: _____ Relationship: _____

Parent/Guardian: _____ Relationship: _____

Parent/Guardian: _____ Relationship: _____

Other Household Family Members

Family Member: _____ Age: _____ Relationship: _____

Family Member: _____ Age: _____ Relationship: _____

Family Member: _____ Age: _____ Relationship: _____

Family Member: _____ Age: _____ Relationship: _____

My family would like childcare because: _____

My child has been in a classroom experience before: (circle all that apply)

Center Childcare Family Day Care Babysat Church Service/Nursery School

Family Members Camp: _____ Other: _____

What type of care do you need?

Full time (Monday-Friday)

Part time (2-3 days a week)

Pre-K Counts (M-F 9am-3pm)

Before/Afterschool or 1/2 day Kindergarten

Time your children will need care?

_____ School Attend: _____

Do you have or need financial assistance to help with the cost of childcare?

_____ I need financial assistance

_____ I don't qualify for assistance

_____ I have ELRC (formerly CCIS) assistance already

_____ I would like more information on assistance

What is the family household size: _____

	Family of 2	Family of 3	Family of 4	Family of 5	Family of 6	Family of 7
DSECC	\$123,697	\$123,697	\$142,211	\$160,1725	\$179,239	\$197,753
EITC	\$123,697	\$123,697	\$142,211	\$160,1725	\$179,239	\$197,753
PKC (300%)	\$61,320	\$77,460	\$93,600	\$109,740	\$125,880	\$142,020
CCW/ELRC (200%)	\$39,440	\$49,720	\$60,000	\$70,280	\$80,560	\$90,840
HS (100%)	\$20,440	\$25,820	\$31,200	\$36,580	\$41,960	\$47,340
CACFP Free	\$25,636	\$32,318	\$39,000	\$45,682	\$52,364	\$59,048
CACFP Red.	\$36,482	\$45,991	\$55,500	\$65,09	\$47,518	\$84,027

What is the family's annual income: _____ Current Year Previous Year Tax Income

Are there any circumstances you may have that our facility should be aware of?

Examples: child struggles to eat, IEP/IFSP, first time being separated from parents, behavior challenges, homelessness, or unemployment, ETC.

Is there information about your family that would be helpful for our facility to know?