

Bristol Bay Native Association Child Care Center Enrollment Application

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| Child Name (Full Legal Name) | Date of Birth | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
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| Child Care Center: <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Pre-school | How would you like to receive information? <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Text |
|---|---|

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|------------------------|---------------------------|--------------------|
| Mailing Address | Fee Schedule | |
| | Infant – 18m or younger | \$938.00 per month |
| | Toddler – 19m to 2yrs | \$902.00 per month |
| | Pre-school – 3 yr to 5 yr | \$755.00 per month |

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|------------------------------|--|
| City, State, Zip Code | |
|------------------------------|--|

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| Primary Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Secondary Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | Email Address |
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Family Member Information

Primary Adult (over 18)

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|-------------|----------------------|--|
| Name | Date of Birth | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
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Secondary Adult (over 18)

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|-------------|----------------------|--|
| Name | Date of Birth | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
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Eligibility Information

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| Tribal Child Care Recipient <input type="checkbox"/> Yes <input type="checkbox"/> No | Child Care Assistance Recipient <input type="checkbox"/> Yes <input type="checkbox"/> No |
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Certification

I certify that the above information is true to the best of my knowledge. If any part is proven false, your child's status may be changed.

I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

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| Parent/Legal Guardian Signature | Date |
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