

Bristol Bay Native Association Child Care Center Enrollment Application

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						
	<table style="width: 100%;"> <tr> <td style="width: 60%;">Infant – 18m or younger</td> <td style="text-align: right;">\$938.00 per month</td> </tr> <tr> <td>Toddler – 19m to 2yrs</td> <td style="text-align: right;">\$902.00 per month</td> </tr> <tr> <td>Pre-school – 3 yr to 5 yr</td> <td style="text-align: right;">\$755.00 per month</td> </tr> </table>	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
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						

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)

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

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

TANF Services 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.

Parent/Legal Guardian Signature	Date
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