

CHILD CARE PERSONAL DATA FORM

Name _____

Address _____ Street or P.O. Box _____

City _____ State _____ Zip _____

Student ID#

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Date of Birth

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Home Telephone

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Work Telephone

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Employment Status: Not Employed Employed Full Time Part Time

PLEASE CHECK APPROPRIATE BOXES:

NOTE: The information below is requested for reporting purposes only

Marital Status: Single
 Divorced
 Separated
 Widowed
 Married

Ethnic Origin: White
(Check all Black
that apply) Hispanic
 Native American
 Asian/ Pacific Islander
 Other: _____

Gender: Male
 Female

- Are you currently enrolled at LSCC? Yes No
- What is your major? _____
- Type of degree sought: AA AS/AAS Certificate/ATD
- What are your career goals? _____

Income Level (last year):
 Less than \$10,000
 \$10,000 - \$20,000
 Over \$20,000

Currently receive the following:

- Food stamps
- Medicaid
- WIA (Workforce Investment Act)
- Eligible for Operation Paycheck

- TANF (Temporary Aid to Needy Families)
- WAGES (Work & Gain Economic Security)
- Applied for or receiving Unemployment Compensation

- Is English your second language? Yes No

If "yes", what is your native language? _____

- Do you have limited skills in English? Yes No

Dependents (Who will be in a childcare facility during spring 2008):

- Number of dependents living in the household (do not count yourself): _____

- Names and ages:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

PLEASE READ AND SIGN

I understand this is not an application for childcare benefits. I authorize the use of this information or any subsequent information derived from this form for general reporting purposes only.

I also certify the above statements are true, to the best of my knowledge.

Sign

Date

Print Name