



CHILD CARE APPLICATION

Name of Child(ren) Needing Care	Gender	Date of Birth

Race: Black/African American Asian Native Hawaiian/Pacific American Indian/Alaskan White Other No Response

Ethnicity: Hispanic Non-Hispanic Unknown No Response

Date care needed to start: ____/____/____

Days and times of the week needing care (complete table):

Days	Monday	Tuesday	Wednesday	Thursday	Friday
Times					

Approximate total hours of care needed per week: _____

List any previous child care or babysitter for child(ren): _____

How did you become aware of Lifesteps' Child Care?
(i.e. flyer, yard sign, billboard, Internet, referral from friend, referral from agency, etc.) _____

What influenced your decision to choose Lifesteps?
(i.e. location, hours, staff, recommendation from someone etc.) _____

Referred to Lifesteps? (Circle One) Yes No If yes, referred by: _____

Mother/Guardian Information

Name: _____

Date of Birth: ____/____/____

Address: _____

Township/Municipality: _____

School District: _____

Phone: _____

Email Address: _____

E-mail address will not be shared with anyone outside Lifesteps, administrative use only

Employer: _____

Employer Phone: _____

Household/Family Size: 2 3 4 5 6 7 8 ____

Household Income: \$0-\$5,000 \$5,001-\$10,000 \$10,001-\$15,000 \$15,001-\$20,000 \$20,001-\$25,000

\$25,001-\$30,000 \$30,001-\$35,000 \$35,001-\$40,000 \$40,001-\$45,000 \$45,001-\$50,000

\$50,001-\$55,000 \$55,001-\$60,000 \$60,001-\$65,000 \$70,001-\$75,000 \$75,001-\$80,000

\$85,001-\$90,000 \$90,001-\$95,000 \$95,001-\$100,000 More than \$100,000

Would you like to be put on our Waiting List if no openings currently exist? Yes No

Would you like to learn more about our "guaranteed slot" program? Yes No

Parent/Guardian (Print) _____

Parent/Guardian (Signature) _____

Date ____/____/____

Mail Completed Application to:

Beaver Early Education Center
138 Friendship Circle
Beaver, PA 15009
(724) 774 - 6494

Butler Early Education Center
383 New Castle Road
Butler, PA 16001
(724) 283 - 1010

\$25 non-refundable registration fee

Office Use Only	Date	Initials
Application Received	____/____/____	_____
Facility Tour Date	____/____/____	_____
Enrollment Date	____/____/____	_____
Forms Provided	____/____/____	_____
Forms Received	____/____/____	_____
Guaranteed Slot	Yes No	_____
Place in Waiting List Binder or Child's File		