

**CHILDREN**

Name (last name first)	Male or Female?	DOB	Days and Hours of Care Needed						
			M	T	W	Th	F	S	S
			M	T	W	Th	F	S	S
			M	T	W	Th	F	S	S
			M	T	W	Th	F	S	S
		/ /	M	T	W	Th	F	S	S
		/ /	M	T	W	Th	F	S	S
		/ /	M	T	W	Th	F	S	S
Does anyone counted in the family size have an IFSP/IEP?	Yes ( ) No ( )	If yes who?	Attach copies of IFSP/IEP (this information is critical to complete selection criteria)						
Is Mom Pregnant?	Yes ( ) No ( )	Due Date:							
If parent is seeking a center slot and is employed with CCOE-Children's Services, is the parent placed in the same classroom where child would be placed?	Yes ( ) No ( )								
Comments/Important Notes:									

**ELIGIBILITY INFORMATION AND STAFF CERTIFICATION**  
 Note: Shaded areas to be completed by an Area Manager only.

Comments for waiting list:	
CEL Data Entry	Entered on: _____ Entered by: _____ Application Expires: _____ (1 year from date of Application)