

Parent Checklist



6001 E. Gulf Freeway
Houston, TX 77023
T: (713) 929-2442
F: (713) 923-1654
PreK- 3 & PreK-4



Required Documents

- Birth Certificate
- Proof of Address
- Copy of ID of primary guardian enrolling student
- Immunization Record
- Current Transcript (if year not completed)
- Current Report Card (if year not completed)
- Final Report Card
- Final Transcript

Optional Documents

- Social Security Card
- Full Individual Evaluation (FIE)
- Current Picture
- ARD Paperwork
- 504 Form

ACCEPTING ALL DOCUMENTATION AFTER APRIL 19, 2021

Sanchez Charter School does not discriminate on basis of race, color, religion, sex, or national origin.

SY 2021-2022

Revised April 2021



ENROLLMENT FORM

SANCHEZ CHARTER SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, SEX, OR NATIONAL ORIGIN.

*How did you hear about us? Walk-in __ Referral __ Event __ Website __

Social Media _____ Billboard: __ Other: _____

SCHOOL YEAR
2021-2022

STUDENT

LAST		MIDDLE		FIRST		GENDER	
SOCIAL SECURITY NUMBER		RACE WHITE HISPANIC BLACK ASIAN OTHER _____		DATE OF BIRTH		PLACE OF BIRTH	
CURRENT MAILING ADDRESS				CITY, STATE		ZIP CODE	
CONTACT PHONE NUMBER		FATHER'S CONTACT NUMBER		MOTHER'S CONTACT NUMBER			

ACADEMIC

LAST SCHOOL ATTENDED		HOME SCHOOL			
LAST GRADE ATTENDED	TOTAL CREDITS EARNED	CURRENT GRADE: (CIRCLE ONE) PRE-K 3 OR PRE-K 4 6 TH 7 TH 8 TH 9 TH 10 TH 11 TH 12 TH		HAVE YOU BEEN HERE AT SANCHEZ BEFORE? YES or NO HOW LONG? _____	
LIST ANY ADDITIONAL SCHOOLS ATTENDED:					

FAMILY

FATHER'S FULL NAME		EMPLOYER	WORK PHONE	CELL PHONE NUMBER
MOTHER'S FULL NAME		EMPLOYER	WORK PHONE	CELL PHONE NUMBER
GUARDIANS FULL NAME (IF NOT LIVING AT HOME)		EMPLOYER	WORK PHONE	CELL PHONE NUMBER
FATHER'S EMAIL ADDRESS	MOTHER'S EMAIL ADDRESS		YEARS ATTENDING U.S. SCHOOLS (CHECK ONE): 0 ___ 1___ 2___ 3___ 4___ 5___ 6___ 6 OR MORE ___	
DOES STUDENT LIVE WITH PARENT? (CIRCLE ONE): YES or NO	IF NO, WHAT PARENT (CIRCLE ONE): MOTHER or FATHER		DO YOU HAVE LEGAL DOCUMENTATION FOR CUSTODY? (CIRCLE ONE): YES or NO	

EMERGENCY CONTACTS IF YOU CANNOT BE CONTACTED

NAME	RELATIONSHIP TO STUDENT	PHONE
NAME	RELATIONSHIP TO STUDENT	PHONE
NAME	RELATIONSHIP TO STUDENT	PHONE
NAME	RELATIONSHIP TO STUDENT	PHONE

**IN CASE OF AN EMERGENCY ONLY THE ABOVE PERSONS LISTED MAY PICK UP YOUR CHILD BUT CANNOT WITHDRAW STUDENT FROM CAMPUS. THE INFORMATION ABOVE IS NEEDED AS A PERMANENT SCHOOL RECORD OF YOUR CHILD AND WILL BE USED BY SCHOOL PERSONNEL ONLY.*

2021-2022 PEIMS Data Standards

Appendix F: Ethnicity and Race Reporting Guidance

**Texas Education Agency
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino**

Part 2. Race: What is the person's race? (Choose one or more)

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Student/Staff Name (please print)

(Parent/Guardian)/(Staff) Signature

Student/Staff Identification Number

Date

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one: <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic/Latino	Race – choose one or more: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Observer signature:	Campus and Date:



Acceptable Agreement of Student Internet Use 2021-2022

Sanchez Charter School Internet Acceptable Use and Safety Policy

(Please read this document carefully before signing it).

Internet access is available to students at Sanchez Charter School.

We are very pleased to bring this access to Sanchez Charter School and believe the Internet offers vast, diverse, and unique resources to our students. Our goal in providing this service to students is to promote educational excellence by facilitating resource sharing, innovation, and communication.

It is the policy of Sanchez Charter School to:

1. Prevent user access over its computer network to, or transmission of, inappropriate material via Internet, electronic mail, or other forms of direct electronic communication
2. Prevent unauthorized access and other unlawful online activity
3. Prevent unauthorized online disclosure, use, or dissemination of personal identification information of minors, and
4. Comply with the Children's Internet Protection Act [(Pub. L. No. 106-554 and 47 USC 254(h))].

The Internet is an electronic highway connecting thousands of computers all over the world and millions of individual subscribers. Students have access to:

1. Electronic mail (e-mail) communication with people all over the world.
2. Public domain software and graphics of all types for school use.
3. Discussion groups on a plethora of topics ranging from culture to the environment to music to politics
4. Access to many University Library Catalogs, the Library of Congress
5. Graphical access to the Internet

With access to computers and people all over the world also comes the availability of material that may not be considered to be of educational value in the context of the school setting. Sanchez Charter School has taken precautions to restrict access to controversial materials by using Internet Filters to block access and monitor access to inappropriate information. Specifically, as required by the Children's Internet Protection Act, blocking shall be applied to visual depictions of material deemed obscene or child pornography, or to any material deemed harmful to minors. Subject to staff supervision, technology protection measures may be disabled or, in the case of minors minimized only for bona fide research or other lawful purposes.

However, on a global network it is impossible to control all materials and an industrious user may discover controversial information. We at Sanchez Charter School firmly believe that the valuable information and interaction available on this worldwide network far outweighs the possibility that users may procure material that is not consistent with the educational goals of Sanchez Charter School.

Internet access is coordinated through a complex association of government agencies, and regional and state networks. In addition, the smooth operation of the network relies upon the proper conduct of the end users who must adhere to strict guidelines. These guidelines are provided here so that users are aware of the responsibilities they are about to acquire. In general, this requires efficient, ethical and legal utilization of the network resources. If a Sanchez Charter School user violates any of these provisions, his or her account will be terminated and future access could possibly be denied.

The signature(s) at the end of this document is (are) legally binding and indicates the party (parties) who signed has (have) read the terms and conditions carefully and understand(s) their significance.

Internet--Terms and Conditions of Use

1) Acceptable Use - The purpose of the backbone networks making up the Internet is to support research and education in and among academic institutions by providing access to unique resources and the opportunity for collaborative work. The use of a user account must be in support of education and research and consistent with the educational objectives of the Sanchez Charter School. Use of other organization's network or computing resources must comply with the rules appropriate for that network. Transmission of any material in violation of any national or state regulation is prohibited. This includes, but is not limited to: copyrighted material, threatening or obscene material, or material protected by trade secret. To the extent practical, steps shall be taken to promote the safety and security of users of the Sanchez Charter School online computer network when using electronic mail, chat rooms, instant messaging and other forms of direct electronic communication. Specifically, as required by the Children's Internet Protection Act, inappropriate network usage includes unauthorized access, including so-called "hacking" and other unlawful activities and unauthorized disclosure, use, and dissemination of personal identification information regarding minors.

2) Privileges - The use of the Internet is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. (Each student or teacher who receives an account will be part of a discussion with a Sanchez Charter School staff member pertaining to the proper use of the network.) The system administrators will deem what is inappropriate use and their decision is final. Also, the system administrators may close an account at any time as required. The administration, faculty, and staff of Sanchez Charter School may request the system administrator to deny, revoke, or suspend specific user accounts.

3) Network Etiquette – Network users are expected to abide by the generally accepted rules of network etiquette. These include (but are not limited to) the following:

- a. Be polite. Do not get abusive in your messages to others.
- b. Use appropriate language. Do not swear, use vulgarities or any other inappropriate language.
- c. Illegal activities are strictly forbidden.
- d. Do not reveal personal address or phone numbers of students
- e. Note that electronic mail (e-mail) is not guaranteed to be private. People who operate the system do have access to all mail. Messages relating to or in support of illegal activities may be reported to the authorities.
- f. Do not use the network in such a way that would disrupt the use of the network by other users.
- g. All communications and information accessible via the network should be assumed to be private properly.
- h. Students may not attempt to circumvent the web filtering in place to protect students from inappropriate material online.

4) Guarantees - Sanchez Charter School makes no warranties of any kind, whether expressed or implied, for the service it is providing. Sanchez Charter School will not be responsible for any damages suffered. This includes loss of data resulting from delays, no deliveries, mis-deliveries, or service

interruptions caused by its own negligence or user errors or omissions. Use of any information obtained via the Internet is at the users' own risk. Sanchez Charter School specifically denies any responsibility for the accuracy or quality of information obtained through its services.

5) Security - Security on any computer system is a high priority, especially when the system involves many users. If users feel they can identify a security problem on the Internet, they must notify a system administrator or teacher. Do not demonstrate the problem to other users. Do not use another individual's account without written permission from that individual. Attempts to logon as a system administrator will result in cancellation of user privileges. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to Internet.

6) Vandalism - Vandalism will result in cancellation of privileges. Vandalism is defined as any malicious attempt to harm or destroy data of another user, Internet, or any of the above listed agencies or other networks that are connected to any of the Internet backbones. This includes, but not limited to, the uploading or creation of computer viruses.

7) Supervision – it shall be the responsibility of all members of Sanchez Charter School staff to educate, supervise and monitor appropriate usage of the online computer network and access to the Internet in accordance with this policy, the Children's Internet Protection Act, the Neighborhoods Children's Internet Protection Act, and the Protecting Children in the 21st Century Act. Procedures for disabling or otherwise modifying any technology protection measures shall be the responsibility of the AAMA IT Director or designated representatives.

This revised Internet Acceptable Use and Safety Policy was adopted by the Board of George I Sanchez Charter School at a public meeting, **September 7, 2012**.

Amendments:

5 a – Security) All school owned electronic equipment has to access the Internet using a school provided connection while being used on campus. Any attempt to bypass this connection using alternate access points is a security violation. This would include using personal mobile phones as access points.

Sanchez Charter School Internet Use Agreement

STUDENT

I understand and will abide by the above Internet Acceptable Use and Safety Policy. I further understand that any violation of the regulations above is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action.

Student Name

Student ID

Student Signature

Date

PARENT OR GUARDIAN

As the parent or guardian of this student, I have read the Internet Acceptable Use and Safety Policy. I understand that this access is designed for educational purposes. Sanchez Charter School has taken precautions to eliminate controversial material. However, I also recognize it is impossible for Sanchez Charter School to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to issue an account for my child and certify that the information contained on this form is correct.

Parent or Guardian's Name (please print): _____

Parent or Guardian's Signature _____

Date _____

(Must be signed if the applicant is a student)



Notification of FERPA Rights 2021-2022

Notification of Rights Under FERPA for Elementary and Secondary Schools

The Family Educational Rights and Privacy Act (FERPA) afford parents and students over 18 years of age (“eligible students”) certain rights with respect to the student’s education records. **These rights are:**

1. The right to inspect and review the student’s education records within 45 days of the day the school receives a request for access. Parents or eligible students should submit to the school principal [or appropriate school official] a written request that identifies the record(s) they wish to inspect. The school official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.
2. The right to request the amendment of the student’s education records that the parent or eligible student believe are inaccurate. Parent or eligible students may ask the school to amend a record that they believe is inaccurate. They should write the school principal [or appropriate school official], clearly identify the part of the record they want changed, and specify why it is inaccurate. If the school decides not to amend the record as requested by the parent or eligible student, the school will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.
3. The right to consent to disclosures of personally identifiable information contained in the student’s education records, except to the extent that FERPA authorizes disclosure without consent. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the school as administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the school board; a person or company with whom the school has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. Upon request, the school discloses education records without consent to officials of another school district in which a student seeks or intends to enroll.
4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the School District to comply with the requirements of FERPA. The name and address of the Office that administers FERPA is **Family Policy Compliance Office, U.S. Department of Education, 400 Maryland Avenue, SW, Washington, DC 20202-5901**

5. Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about the student. **If you do not want Sanchez Charter School to disclose directory information from your child’s education records without your prior written consent, please indicate your desire by checking “no” on the below statement:**

Directory Information – General Student Data

- Yes I do want my child’s address, telephone listing, date and place of birth, dates of attendance, and enrollment status released**
- NO, I do want my child’s address, telephone listing, date and place of birth, dates of attendance, and enrollment status released.**

Student Name: _____ **Parent/Guardian Signature:** _____



MEDIA RELEASE FORM 2021-2022

Upon Enrollment at Sanchez Charter Schools

I give the Association for the Advancement of Mexican Americans, its designees, agents and assigns, unlimited permission to use, publish and republish in any form or media, information about me and reproduction of my likeness (photographic or otherwise) and my voice with or without identification of me by name.

Student Name: _____

★ **Please pick one of the following**

Yes, I _____ **give permission.**
(Parent Name)

Please include self (parent) and/or other immediate family members you authorize to be included in this media release form.

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____
_____	_____

No, I _____ **do not give**
permission. (Parent Name)



Student Medical Record 2021-2022

Student Name	DOB
Primary Physician	Physician's Phone
Person to contact in case of emergency	Emergency Phone number
List any allergies student may have:	
Please indicate if student has any of the following: <input type="checkbox"/> Asthma <input type="checkbox"/> Cardiac Problems (be specific) <input type="checkbox"/> Hypertension (High Blood Pressure) <input type="checkbox"/> Hearing Loss <input type="checkbox"/> Hypertension (Low Blood Pressure) <input type="checkbox"/> Impaired Vision <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other _____ <input type="checkbox"/> Diabetes	
Please list any prescribed medication student currently takes:	
Please list any health problems the school should be aware of:	
Does the student have any children? Yes or No How many? _____ Do they require childcare? Yes or No Is student (male/female) expecting a child at this time? Yes No Check the following benefits student receives: <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps <input type="checkbox"/> Medicaid <input type="checkbox"/> Health Services <input type="checkbox"/> Public Housing <input type="checkbox"/> ADFC <input type="checkbox"/> CCMS <input type="checkbox"/> Other	
IMUNIZATIONS: SCHOOL POLICY REQUIRES ALL IMUNIZATIONS TO BE UP TO DATE UPON ENROLLMENT. A COPY OF YOUR IMMUNIZATIONS SHOULD BE SUBMITTED WITH THIS APPLICATION	
<h3>MEDICAL TREATMENT RELEASE</h3>	
I (We), _____ parents/legal guardians of _____, hereby give our full consent and permission to the representatives of Sanchez Charter School to seek and obtain any medical care and/or treatment for a child on any medical emergency while in school program participation school staff also have our full consent and permission to sign any authorization forms necessary to obtain medical care and/or treatment.	
_____ Parent / Legal Guardian	_____ Date

AAMA- Early Childhood Center
Childcare Center Document Checklist

All Applicants:

- 3 Recent Pictures/3 Fotos Recientes
- Enrollment Form/Formulario para Inscribir
- Medical Release/Informacion Medico
- Immunization Record/Archivo de Imunizaciones
- Social Security Card/Tarjeta de Seguro Social
- Birth Certificate/Certificado de Nacimiento
- Proof of Address/Prueba de Direccion
- Last 2 Paycheck Stubs/Ultimos 2 talones de cheques
- Parent ID/Identificacion del Padre o Madre
- Authorization for Emergency Medical Care/Autorizacion para Tratamiento de Atencion Medica
- Emergency Form/Formulario de Emergencias
- Parents Acknowledgement
- Child Profile/Perfil del Nino
- Parent-Student Contract/Acuerdo Pariente-Estudiante
- Emergency Dismissal Procedures/Procedimientos para Salida de Emergencia
- Attendance Agreement/Acuerdo para Asistencia
- Information Release Form/Formulario para XXXX de Informacion
- Parent Handbook Form/
- Proof of Address
- Last 2 Paycheck Stubs
- Proof of School Enrollment
- Medicaid Letter
- Award Letter of SNAP Benefits
- WIC Award Letter
- Or TANIF Award Letter

ADMISSION INFORMATION

Purpose: Use this form to collect all required information about a child enrolling in day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

GENERAL INFORMATION			
Operation's Name: AAMA Sanchez Charter School		Director's Name: KhaRaven Guevara	
Child's Full Name:	Child's Date of Birth:	Child Lives With: <input type="checkbox"/> Both parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Guardian	
Child's Home Address:			
Date of Admission:		Date of Withdrawal:	
Name of Parent or Guardian Completing Form:		Address of Parent or Guardian (if different from the child's):	
List telephone numbers below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File: <input type="checkbox"/> Yes <input type="checkbox"/> No
Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached:			Relationship:
I authorize the childcare operation to release my child to leave the childcare operation ONLY with the following persons. Please list name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.			
Name and Phone Number:	Name and Phone Number:	Name and Phone Number:	
CONSENT INFORMATION			
CHECK ALL THAT APPLY:			
1. TRANSPORTATION			
I give consent for my child to be transported and supervised by the operation's employees: <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school			
2. FIELD TRIPS			
<input type="checkbox"/> give consent for my child to participate in field trips. <input type="checkbox"/> I do not give consent for my child to participate in field trips.			
Comments:			
3. WATER ACTIVITIES			
I give consent for my child to participate in the following water activities: <input type="checkbox"/> water table play <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> aquatic playgrounds			

CONSENT INFORMATION

CHECK ALL THAT APPLY:

4. RECEIPT OF WRITTEN OPERATIONAL POLICIES

I acknowledge receipt of the facility's operational policies, including those for:

<input type="checkbox"/> Discipline and guidance	<input type="checkbox"/> Procedures for release of children
<input type="checkbox"/> Suspension and expulsion	<input type="checkbox"/> Illness and exclusion criteria
<input type="checkbox"/> Emergency plans	<input type="checkbox"/> Procedures for dispensing medications
<input type="checkbox"/> Procedures for conducting health checks	<input type="checkbox"/> Immunization requirements for children
<input type="checkbox"/> Safe sleep	<input type="checkbox"/> Meals and food service practices
<input type="checkbox"/> Procedures for parents to discuss concerns with the director	<input type="checkbox"/> Procedures to visit the Center without securing prior approval
<input type="checkbox"/> Procedures for parents to participate in operation activities	<input type="checkbox"/> Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website

5. MEALS

I understand that the following meals will be served to my child while in care:

None Breakfast Morning snack Lunch Afternoon snack Supper Evening snack

6. DAYS AND TIMES IN CARE

My child is normally in care on the following days and times:

Day of the Week	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Phone Number:
Name of Emergency Care Facility:	Address:	Phone Number:

I give consent for the facility to secure any and all necessary emergency medical care for my child.	Signature - Parent or Legal Guardian
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CHILD'S ADDITIONAL INFORMATION SECTION

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long term continuous use, and any other information which caregivers should be aware of:

Does your child have diagnosed food allergies? Yes No Plan submitted on:

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature - Parent or Legal Guardian:	Date Signed:
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SCHOOL AGE CHILDREN

My child attends the following school:

Name of School:	School Phone Number:
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My child has permission to (check all that apply):

walk to or from school or home ride a bus be released to the care of his/her sibling under 18 years old

Authorized pick up/drop off locations other than the child's address:

ADMISSION REQUIREMENT

If your child does not attend pre-kindergarten or school away from the childcare operation, one of the following must be presented when your child is admitted to the childcare operation or within one week of admission.

Please check only one option:

1. HEALTH CARE PROFESSIONAL'S STATEMENT: I have examined the above-named child within the past year and find that he or she is able to take part in the day care program.

Health Care Professional's Signature:	Date Signed:
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2. A signed and dated copy of a health care professional's statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.

4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the childcare operation.

Name and Address of Health Care Professional:

Signature - Parent or Legal Guardian:	Date Signed:
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REQUIREMENTS FOR EXCLUSION

I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.

I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

VISION EXAM RESULTS

R 20/	L 20/	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Signature:		Date Signed:	

HEARING EXAM RESULTS

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Left				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Signature:			Date Signed:	

VACCINE INFORMATION

The following vaccines require multiple doses over time. Please provide the date your child received *each dose*.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose) 1-2 months (second dose) 6-18 months (third dose)	
Rotavirus	2 months (first dose) 4 months (second dose) 6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose) 4 months (second dose) 6 months (third dose) 15-18 months (fourth dose) 4-6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose) 4 months (second dose) 6 months (third dose) 12-15 months (fourth dose)	

VACCINE INFORMATION

The following vaccines require multiple doses over time. Please provide the date your child received *each* dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Pneumococcal	2 months (first dose) 4 months (second dose) 6 months (third dose) 12-15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose) 4 months (second dose) 6-18 months (third dose) 4-6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12-15 months (first dose) 4-6 years (second dose)	
Varicella	12-15 months (first dose) 4-6 years (second dose)	
Hepatitis A	12-23 months (first dose) The second dose should be given 6 to 18 months after the first dose.	

PHYSICIAN OR PUBLIC HEALTH PERSONNEL VERIFICATION

Signature or stamp of a physician or public health personnel verifying immunization information above:

Signature:

Date Signed:

VARICELLA (CHICKENPOX)

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) and does not need varicella vaccine.

Parent's Signature:

Date Signed:

ADDITIONAL INFORMATION REGARDING IMMUNIZATIONS

For additional information regarding immunizations, visit the Texas Department of State Health Services' website at www.dshs.state.tx.us/immunize/public.shtm.

TB TEST (IF REQUIRED)

Positive

Negative

Date:

GANG FREE ZONE

Under the Texas Penal Code, any area within 1,000 feet of a childcare center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

PRIVACY STATEMENT

DFPS values your privacy. For more information, read our Privacy and Security Policy online at <http://www.dfps.state.tx.us/policies/privacy.asp>. Negative

SIGNATURES

Child's Parent or Legal Guardian: X	Date Signed:
Center Designee: X	Date Signed:

Emergency Information

Child's Name: _____

Birth Date: _____

Address: _____

City, State, Zip Code: _____

Mother's Name: _____

Home # _____

Work # _____

Cell # _____

E-mail _____

Alternative Contacts:

Name: _____

Relation: _____

Home # _____

Cell # _____

Name: _____

Relation: _____

Home # _____

Cell # _____

Name: _____

Relation: _____

Home # _____

Cell # _____

Allergies

Allergies: _____

Other significant information: _____

I give AAMA Early Childhood Center permission to make whatever emergency (i.e.: First Aid, Disaster Evacuation Measures, etc.) that are judged necessary for the care and protection of mu child while under supervision of the Center.

In case of a Medical Emergency, I understand that my child will be transported to the nearest hospital or other hospital recommended by emergency personnel, by the local emergency unit for treatment if the local emergency resource (police, rescue) deems if necessary.

It is understood that in some medical situations the staff will need to contact the Local Emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf.

Parent's Signature: _____

Date: _____

Child Profile

This information is for the confidential use of the Director and teacher who will be working with your child.

Child's Name: _____

Birthday Date: _____

Hours in Care _____ To _____

Days of the week: _____

Address: _____

City/ State/ ZIP Code _____

Height: _____

Weight: _____

Birthplace: _____

With whom does your child live with (Check one or both)?

_____ Mother

_____ Father

Name: _____

Name: _____

Phone number: _____

Phone number: _____

Address: _____

Address: _____

Occupation: _____

Occupation: _____

Work Phone: _____

Work Phone: _____

List name(s) and ages of siblings

List name(s) and ages of siblings

Parent's Signature:

Date:

Name other individuals that live in home and relationship:

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Name: _____ Relation: _____

Does the child visit his/her grandparents? _____ Yes _____ No

What are grandparents called: _____

Personal History:

Does your child have a history of the following:

Vision impairment or eye infection? _____ Yes _____ No

Hearing impairment or ear impairment? _____ Yes _____ No

Speech problems? _____ Yes _____ No

Does your child need help? _____ Dressing _____ Undressing _____ Neither

Does your child have a room alone? _____ Yes _____ No

If no, who shares the room? _____

Marital status of parents (check appropriate blank):

_____ Married _____ Separated _____ Stepfather/Stepmother _____ Living together _____ Divorced

How long?

Custody/ Visitation arrangements (An explanation of these arrangements enables the teacher to better understand the child and meet his/her needs.)

Parent's Signature:

Date:

Child's Play Experience

Is your child right/ left-handed?_

How much time does your child spend outside?_____

What does your child enjoy playing at home with?_____

What are child's favorite toys?_____

What are your child's special interests?_

What are your child's favorite foods?_____

Does your child have playmates of similar age?___ Yes ___ No

If no, list playmates ages_____

Name the things you enjoy doing together:_____

How often do you read to your child?_____

Habits

Please share any pertinent information regarding the following:

Toilet habits:_____

Childs words for Toileting:

Sleeping/ Nap routine:

Behavioral Habits (Thumb sucking, tantrums, etc.)

Parent's Signature:

Date:

Disposition / Temperament

How does your child feel about him/herself?

What concerns you most about your child?

What are your child's special abilities?

List your method(s) of discipline at home:

Optional

Program planning (optional) data collected in this section will be used to plan on individualize program for each child.

What languages are spoken at home? _____

Describe any cultural beliefs and/or customs that will aide in the planning of your child's individual program:

Other information you feel will assist in planning your child's individual program:

Parent's Signature:

Date:

Child Profile

*In order to serve your infant's needs in a more individualized manner,
please fill this form and return to center.*

Childcare Instruction Sheet

Name: _____ Date of Birth: _____

Type of Formula (be specific): _____

Type(s) of Juice: _____

Type of Diet: Cereal Meats

Vegetables: _____

Fruits: _____

Allergies:

Food: _____

Skin: _____

Other: _____

Symptoms Produced: _____

Skin Care: Ointment _____ Special Soap: _____

Sleeping Position: ___ On Back ___ On Side

Does your baby use a pacifier? ___ Yes ___ No

Other helpful information (please include schedule for feeding, sleeping, etc.)

Parent's Signature: _____

Date: _____

Parents Acknowledgement Form

This is to acknowledge that AAMA Early Childhood Center has provided me with the Childcare Handbook and has discussed its contents with me. I have also received a personal copy of the operational policies.

Parent's Signature:

Date:

As part of a non-profit organization, AAMA Sanchez Charter School is not financially capable of purchasing insurance to cover accidents or injuries in the Early Childhood Center.

Parent's Signature:

Date:

I, _____, acknowledge that my spot in the childcare will be given to another student if I do not comply with all the rules and regulations. My attendance must remain 95% in all classes (including 1st period).

Parent's Signature:

Date:

I give permission for my child to be photographed by staff and by the news media. I give permission for the photograph to be displaced in the early childhood center, TV broadcasts and fliers or brochures.

Parent's Signature:

Date:

Diaper Ointments, sunscreen and bug repellent. Parents who would like diaper ointment, bug repellent and/or sunscreen applied to their child are asked to bring the brand of their choice in the original container, labeled with the child's name. An authorization form will need to be completed before the ointment, sunscreen and/or bug repellent can be applied.

Parent's Signature:

Date:

Child Care Parenting Contract

Our goal is improved health and quality of life for both the student and child where they would not only be safe and love, but also learn.

The purpose of GIS having a childcare is to give students with children an opportunity to attend classes and graduate. Therefore, all students who are parents or expect parents are requires to be enroll in the Work Force Solution program. As you know, space is limited and only those students that are willing to follow the childcare policies will be allowed to keep their child enrolled. It is my sincere desire that you are successful in completing your high school education.

I have read the above information and agree to attend the required information.

Parent's Signature: _____

Date: _____

AAMA Early Childhood Center Attendance Policy

Children who fall below 80 percent attendance throughout the academic year will
lose their place in our program.

Parent's Signature: _____ Date: _____

I do understand that I must recertify my eligibility to be on the income base fee structure every six months.
Failure to provide requested documentation in 3 business days from my notice will result in me losing my
eligibility and I will be responsible for the full tuition cost.

Parent's signature: _____

Parent Name: _____

Child's Name: _____

Date: _____

Upon enrollment at AAMA

I give the Association for the Advancement of Mexican Americans, its designees, agents and assigns, unlimited permission to use, publish and republish in any form or media, information about me and reproduction of my likeness (photographic or otherwise) and my voice with or without identification of me by name.

Student Name: _____ Parent Signature: _____

I have read, understood and will abide by AAMA Early Childhood Center Childcares policy handbook. I understand the sections regarding Attendance, Medications and Illness. I understand that by signing the acknowledgement form I am bound by its contents. In the event that I do not abide by these polices I understand that my child (ren) will not be able to attend and will be asked to find other childcare arrangements. I understand that these policies are subject to change and you will be notified.

Parent's signature: _____

Parent Name: _____

Child's Name: _____

Date: _____

I do understand that I must recertify my eligibility to be on the income base fee structure every six months. Failure to provide requested documentation in 3 business days from my notice will result in me losing my eligibility and I will be responsible for the full tuition cost.

Parent's signature: _____

Parent Name: _____

Child's Name: _____

Date: _____

INSTRUCTIONS

If you are applying for Financial Aid from Workforce Solutions, you must have a current employment plan developed with a Workforce Professional at a [Workforce Solutions Career Office](#). Individuals applying only for assistance with child care expenses do not need an employment plan and may complete and submit a Financial Aid Application per the directions below.

Workforce Professionals at a Workforce Solutions Career Office can answer questions you may have regarding the Financial Aid Application and provide information regarding the documents required to support your application.

Workforce Professionals at a Workforce Solutions Career Office will not be able to tell you if you are eligible for Workforce Solutions Financial Aid.

Customers can apply for financial aid by using an online fillable PDF version of the application found at www.wrksolutions.com or using paper forms from the office. It is not possible to save the information entered onto the PDF form. Customers must:

1. Complete Sections 1, 2 and 3 and sign each section
2. Read and sign the Orientation to Discrimination Complaint Procedures form
3. Complete the Addendum sections if they apply to you
 - a. Veterans Addendum – applies if you are a Veteran or a Federal Qualified Spouse
 - b. Addendum for Child Care Assistance – complete if you are applying for Child Care Assistance.

Once you have completed the parts of the Financial Aid Application package per the guidance above, you must print the Financial Aid Application and submit it with the documents that support your eligibility for financial assistance. The Workforce Solutions Career Office can help transmit your completed application to our Financial Aid Support Office or you can transmit your application directly to:

Financial Aid Support Office
P.O. Box 924586
Houston, Texas 77292
Fax number – 713-266-2495
Email – supportcenter@wrksolutions.com

If you need an accommodation to complete the application process please contact your local [Workforce Solutions Office](#) for assistance.

WHAT ARE THE PRIMARY SERVICES YOU ARE HOPING TO RECEIVE FROM US?
<input type="checkbox"/> Help with paying for school or training. *
<input type="checkbox"/> Help with Child Care expenses. Please complete Section VI: Addendum for Child Care Assistance
<input type="checkbox"/> Help with paying for transportation, clothing, etc. to accept or keep a job. *
<input type="checkbox"/> Help with getting work experience or training while on a job*
<input type="checkbox"/> Other *
* Did you discuss with a Career Office Workforce Professional? <input type="checkbox"/> YES <input type="checkbox"/> NO

APPLICATION FOR FINANCIAL AID/SERVICES



SECTION I – APPLICANT INFORMATION

Name (First, MI, Last):		Date of Birth	Age
Residence Address:		City, State, Zip Code and County	
Mailing Address		City, State, Zip Code and County	
Phone	Cell Phone	Alternate Phone	Alternate Cell Phone
E-mail		Social Security No*:	Today's Date:
Are you a citizen of the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO		If no, are you authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Males 18 and older - registered for Selective Service? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you or your spouse currently serve in the military? <input type="checkbox"/> YES <input type="checkbox"/> NO	
		Did you or your spouse serve in the military? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete Section V: Veterans Addendum 5.	
Race - Please check all that apply. <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hawaiian Native or Pacific Islander <input type="checkbox"/> Choose not to answer		Ethnicity: Hispanic/Latino: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Choose not to answer	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to answer

EMPLOYMENT

Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	What is your most recent occupation?			Years of experience in this occupation
Name of employer:	Number of hours per week:	Start Date:	End Date:	Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice/Mo. <input type="checkbox"/> Monthly
If you are employed, have you received a lay-off notice? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you remained at worksite overnight? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If you are unemployed, how did your last job end? <input type="checkbox"/> Quit <input type="checkbox"/> Laid off <input type="checkbox"/> Terminated <input type="checkbox"/> Company Closed				
Are you available to work? <input type="checkbox"/> YES <input type="checkbox"/> NO		Have you been unable to find a job in your most recent occupation or industry? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you believe you need services from Workforce Solutions to help you get a better job, or keep a job to support yourself and your family? <input type="checkbox"/> YES <input type="checkbox"/> NO			What kind of work do you hope to find?	
Do you believe you are unsuccessful in your job search because you: (Check all that apply)				
<input type="checkbox"/> don't speak English very well;		<input type="checkbox"/> need to improve your interviewing skills;		
<input type="checkbox"/> don't have a high school diploma, GED;		<input type="checkbox"/> lack occupational skills to earn self-sufficient wages;		
<input type="checkbox"/> cannot read or do math well;		<input type="checkbox"/> don't have the skills to successfully job search;		
<input type="checkbox"/> other: Explain:		<input type="checkbox"/> don't know how to use a computer;		
If you have more than one employer, add that employer on Section IV.				

EDUCATION

Are you currently attending school or training? <input type="checkbox"/> YES <input type="checkbox"/> NO		If NO, date you last attended school:		
If attending high school, name of school:		What grade are you currently in?	Have you missed 10 days or more of school? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If attending post-secondary school or training, name of school:	No. of class hours/week:	No. of semester credit hours	Job Corps: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you applied for FAFSA? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, when did you apply?	Do you receive scholarships, grants, or loans to help you go to school? <input type="checkbox"/> YES <input type="checkbox"/> NO		If Yes, enter amount, if known: \$	
What is the highest grade you've completed ? <input type="checkbox"/> <9 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> Twelve grade completed – No Diploma <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Skill Certificate <input type="checkbox"/> IEP Certificate <input type="checkbox"/> 1 year completed College <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Masters <input type="checkbox"/> Doctorate				

*Optional

APPLICATION FOR FINANCIAL AID/SERVICES



ADDITIONAL INFORMATION

Are you a foster child? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been a foster child? <input type="checkbox"/> YES <input type="checkbox"/> NO	Did you age out or at 16+years left for guardianship or adoption? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of a misdemeanor? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have a record of arrest? <input type="checkbox"/> YES <input type="checkbox"/> NO	What was your release date?	
Are you a teenager who is currently pregnant or parenting? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you consider yourself a runaway? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you a Seasonal Farm Worker? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you a food processor worker? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have family assets that exceed \$1,000,000.00? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do any of the situations apply to your family? You reside with a parent or guardian: <input type="checkbox"/> YES <input type="checkbox"/> NO You reside with friends/family other than parent or guardian: <input type="checkbox"/> YES <input type="checkbox"/> NO		Your current nighttime residence is: Motel, car, or campsite? <input type="checkbox"/> YES <input type="checkbox"/> NO Shelter or temporary housing? <input type="checkbox"/> YES <input type="checkbox"/> NO

Have any of these agencies determined your family is experiencing homelessness? YES NO

Homeless Shelter School District Transitional Housing Program Other Social Service Agency

Identify Shelter/School/Social Service Agency:

Primary Language Spoken at Home

– English
 – Spanish
 – Native Central, South American and Mexican languages (e.g., Mixteco, Quichean)
 – Caribbean languages (e.g., Haitian-Creole, Patois)
 – Middle Eastern and South Asian languages (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali)
 – East Asian Languages (e.g., Chinese, Vietnamese, Tagalog)
 – Native North American/Alaskan Native languages
 – Pacific Island languages (e.g., Palauan, Fijian)
 – European and Slavic languages (e.g., German, French, Italian, Croatian, Yiddish, Portuguese, Russian)
 – African languages (e.g., Swahili, Wolof)
 – Other (e.g., American Sign Language)
 – Unspecified (Unknown or head of household declined to identify home language)

CHECK ANY BENEFITS YOU (OR A FAMILY MEMBER) RECEIVE NOW OR RECEIVED IN THE LAST SIX MONTHS:

Now	Last six months	Start Date	Type of Benefit		Covered by the Benefit
<input type="checkbox"/>	<input type="checkbox"/>		Temporary Assistance for Needy Families (TANF)		<input type="checkbox"/> You <input type="checkbox"/> Family Member
<input type="checkbox"/>	<input type="checkbox"/>		Supplemental Nutritional Assistance (SNAP)	Cert Date	<input type="checkbox"/> You <input type="checkbox"/> Family Member
<input type="checkbox"/>	<input type="checkbox"/>		Supplemental Nutritional Assistance (SNAP) ABAWD		<input type="checkbox"/> You
<input type="checkbox"/>	<input type="checkbox"/>		Supplemental Security Income (SSI)	\$ Last Date Pd	<input type="checkbox"/> You <input type="checkbox"/> Family Member
<input type="checkbox"/>	<input type="checkbox"/>		Social Security Disability Income (SSDI)		<input type="checkbox"/> You <input type="checkbox"/> Family Member
<input type="checkbox"/>	<input type="checkbox"/>		Unemployment Insurance		<input type="checkbox"/> You
<input type="checkbox"/>	<input type="checkbox"/>		Trade Act Assistance (TAA)		<input type="checkbox"/> You
<input type="checkbox"/>			Free or reduced-price school lunch		<input type="checkbox"/> You <input type="checkbox"/> Family Member – Who?
<input type="checkbox"/>	<input type="checkbox"/>		Refugee Assistance		
<input type="checkbox"/>	<input type="checkbox"/>		Other State/Local Income Based Public Assistance	\$ Source	<input type="checkbox"/> You <input type="checkbox"/> Family Member
<input type="checkbox"/>	<input type="checkbox"/>		Ticket to Work Program Holder		

APPLICATION FOR FINANCIAL AID/SERVICES



SECTION II – FAMILY INFORMATION

Complete the section below about all the people who live in your home. Begin with your information, and then list the people who live with you and their relationship to you. List each person's date of birth and approximate monthly gross income.

Name	Relationship	Dependent of Applicant?	Date of Birth	Any Income in last six months?	Gross Monthly Income	Check if this person has a disability*	Check if this person requires child care**
	Self	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/>	<input type="checkbox"/>

If you have more than ten people living in your home, add them here:

* Optional

** Do you have ongoing medical expenses for a child with a disability? YES NO If yes, provide documentation of these expenses.

DISCLAIMERS AND SIGNATURE
 – READ ALL DISCLAIMERS AND CHECK ALL BOXES BELOW –
 SIGN AND DATE
 (If applicant is a minor, parent/guardian must sign)

- I understand that providing false information or failing to disclose information in order to appear eligible for financial aid is considered fraud. A person, who obtains, or attempts to obtain by fraudulent means, services to which the person is not entitled, may be prevented from receiving future financial aid from Workforce Solutions, must pay back financial aid received, and may be prosecuted under applicable state and federal laws.
- I give permission to Workforce Solutions to contact third parties to verify information pertaining to my application for financial aid.
- I certify that my answers are true and complete to the best of my knowledge.
- I received, read, and signed a copy of the Orientation to Discrimination Complaint Procedures form. (See Page 8) YES NO

Signature of Applicant

Date

Signature of Parent/Guardian if Applicant is a Minor

Date

APPLICATION FOR FINANCIAL AID/SERVICES



SECTION III – FAMILY INCOME DETAIL

We will likely ask you to provide proof of household income before we award you Workforce Solutions financial aid. Complete this worksheet by listing your household members and checking the income sources that apply to each member within the most recent 26 weeks. If you are applying only for child care assistance, check income sources that apply for the most recent 13 weeks.

Household Member with Income	Wages/ Salary	Self- Employment	UI Payments	Child Support	Interest Dividends	Retirement	Lottery winnings over \$600	Inheritance	Public Assistance (TANF, SSI, SNAP, etc.)	Capital Gains/Loss or Rental Income	Social Security (Old Age, Survivors, Disability)	Workers Compensation
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Acceptable Documentation: (Attach an appropriate document to support each income source for each Household Member)

- Pay stubs
- Employment/Income Verification form (new job or paid in cash only)
- Workers Compensation documentation/ statement
- Social Security statement

- Self-employment verification form
- Family or business financial records
- Award letter from Veterans Affairs
- Bank statement- cannot be used in lieu of pay stubs or income verification
- IRS form 1099-DIV, -INT, for dividends or interest
- IRS form 1040 Schedule D for capital gains
- Retirement/Pension statement
- Quarterly estimated tax for self-employed persons (Schedule C)
- Supplemental Security Insurance statement (must include benefit type)

The information submitted here is complete and accurate to the best of my knowledge.

Print Name

Signature

Date

APPLICATION FOR FINANCIAL AID/SERVICES



SECTION IV – FAMILY EMPLOYMENT HISTORY

Provide your family's employment history for the six months before the date of this application. Please list all employers you had during this time. Start with your most recent employer. A separate sheet of paper may be used if needed.

Name of Family Member:		Name of Employer:		Employer's Address:		Employer's phone number:		Does/did this employer provide bonuses? <input type="checkbox"/> No <input type="checkbox"/> Yes – How often:	
Start Date:	Pay Rate: /per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month. <input type="checkbox"/> Year	Number of hours per week:		Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice/Mo. <input type="checkbox"/> Monthly		Are you currently employed with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO Last day of employment:			

Name of Family Member:		Name of Employer:		Employer's Address:		Employer's phone number:		Does/did this employer provide bonuses? <input type="checkbox"/> No <input type="checkbox"/> Yes – How often:	
Start Date:	Pay Rate: /per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month. <input type="checkbox"/> Year	Number of hours per week:		Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice/Mo. <input type="checkbox"/> Monthly		Are you currently employed with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO Last day of employment:			

Name of Family Member:		Name of Employer:		Employer's Address:		Employer's phone number:		Does/did this employer provide bonuses? <input type="checkbox"/> No <input type="checkbox"/> Yes – How often:	
Start Date:	Pay Rate: /per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month. <input type="checkbox"/> Year	Number of hours per week:		Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice/Mo. <input type="checkbox"/> Monthly		Are you currently employed with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO Last day of employment:			

Name of Family Member:		Name of Employer:		Employer's Address:		Employer's phone number:		Does/did this employer provide bonuses? <input type="checkbox"/> No <input type="checkbox"/> Yes – How often:	
Start Date:	Pay Rate: /per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month. <input type="checkbox"/> Year	Number of hours per week:		Pay Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Twice/Mo. <input type="checkbox"/> Monthly		Are you currently employed with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO Last day of employment:			

I certify that this information is true and complete to the best of my knowledge.

Signature of Applicant

Date

APPLICATION FOR FINANCIAL AID/SERVICES



SECTION V – VETERANS ADDENDUM

Veterans and Qualified Spouses

Eligible veterans and their qualified spouses receive preference for service when Workforce Solutions has limited resources. Please check a box below if it describes you.

- Federal/State Qualified Veteran – I served in the active military, naval, or air service and was discharged or released there from under conditions other than dishonorable as specified at 38 U.S.C. 101(2). Active services include full-time duty in the National Guard or Reserve component, other than full-time for training purposes.

Branch:	Component (Active, Reserve, or Guard):	Date entered:
Date discharged:	Type of discharge:	
Military occupational specialty (clear text):		
If employed, have you been able to find employment related to your military occupational specialty? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you plan to return to active military service? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Federal Qualified Spouse

- I am the spouse of a veteran who died of a service-connected disability
- I am the spouse of a member of the Armed Forces serving on active duty who at the time of application for priority, is listed in one or more of the following categories and has been so listed for a total of more than 90 days:
- Missing in action
 - Captured in line of duty by a hostile force, or
 - Forcibly detained or interned in line of duty by a foreign government or power
- I am the spouse of a veteran who has a total disability resulting from a service-connected disability, as evaluated by the Department of Veteran Affairs
- I am the spouse of a veteran who died while a total disability resulting from a service-connected disability, as evaluated by the Department of Veteran Affairs, was in existence

State Qualified Spouse

- I am a spouse who meets the definition of a federal qualified spouse
- I am the spouse of any member of the Armed Forces who died while serving on active military, naval, or air service.

I (print your name) _____ attest that I meet the definition marked above and the associated eligibility criteria. I certify the information stated above is true and accurate to the best of my knowledge, and I understand that if I have misrepresented myself, there may be grounds for immediate termination or services and/or penalties as specified by law. I understand I must report any change in my veteran status to Workforce Solutions within 10 calendar days. I further understand that if the definition marked above is based on a military record that I know is fraudulent, fictitious, or has been revoked, I also may be subjected to penalties as provided in Acts 2011, 82nd Legislature, Chapter 386 (SB 431), as codified in Texas Penal Code Section 32.54.

Signature of Applicant

Date

GULF COAST WORKFORCE BOARD ORIENTATION TO DISCRIMINATION COMPLAINT PROCEDURES FORM (29 CFR Part 38)

This Orientation to Discrimination Complaint Procedures form addresses discrimination complaint procedures for the listed programs and services administered in the local workforce development area by the Workforce Development Board and its Contractors:

**Workforce Innovation and Opportunity Act (WIOA)
Temporary Assistance for Needy Families (TANF) / CHOICES
Supplemental Nutrition Assistance Program Employment & Training (SNAP E&T)
Child Care Services (CC)
Trade Adjustment Assistance (TAA) and Trade Readjustment Allowances (TRA)**

THE RECIPIENT OF THE FEDERAL FINANCIAL ASSISTANCE IS:

**Gulf Coast Workforce Board
3555 Timmons Lane
Houston, TX 77227**

**Equal Opportunity (EO) Officer: Sabrina Parras
Telephone Number: (713) 627-3200
Relay Texas: 1-800-735-2989/ TTY 1-800-735-2988 (Voice)**

The Gulf Coast Workforce Board (the Board) shall resolve equal opportunity complaints in a fair and prompt manner. Acts of restraint, interference, coercion, discrimination, or reprisal towards complainants exercising their rights to file a complaint under this procedure are prohibited. This procedure applies to all applicants and participants who have cause to file a discrimination complaint related to activities or programs administered by the Board. If you have an equal opportunity complaint concerning any of these programs, you may submit your written complaint to the Board or Contractor EO Officer, as appropriate.

After your equal opportunity complaint has been received, the EO Officer will notify you of the next step in the complaint process. As long as you wish to pursue your complaint, the Board or Contractor will follow the steps described below. You should study the Discrimination Complaint Procedure carefully, and if you feel that the required steps are not being followed, contact the EO Officer. Remember, if you feel you are not being provided enough help at any stage of the complaint process, you should contact:

**Texas Workforce Commission (TWC)
Equal Opportunity Monitoring
101 E. 15th St., Room 242-T
Austin, TX 78778-0001**

**Telephone Numbers:
(512) 463-2400
Relay Texas: 1-800-735-2989
TTY 1-800-735-2988 (Voice)**

EQUAL OPPORTUNITY IS THE LAW

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: against any individual in the United States, on the basis of race, color, religion, sex (including pregnancy, childbirth, and related medical conditions, sex stereotyping, transgender status, and gender identity), national origin (including limited English proficiency), age, disability, or political affiliation or belief, or against any beneficiary of, applicant to, or participant in programs financially assisted under Title I of the Workforce Innovation and Opportunity Act, on the basis of the individual's citizenship status or participation in any WIOA Title I-financially assisted program or activity. The recipient must not discriminate in any of the following areas: deciding who will be admitted, or have access, to any WIOA Title I-financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity. Recipients of federal financial assistance must take reasonable steps to ensure that communications with individuals with disabilities are as effective as communications with others. This means that, upon request and at no cost to the individual, recipients are required to provide appropriate auxiliary aids and services to qualified individuals with disabilities.

What to do if you believe you have experienced discrimination. If you think that you have been subjected to discrimination under a WIOA Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either: the recipient's Equal Opportunity Officer (or the person whom the recipient has designated for this purpose); or the Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Room N-4123, Washington, DC 20210. If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you may file a complaint with CRC before receiving that Notice. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action.

PROCEDURES ON HOW TO FILE A COMPLAINT

- WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA) / TRADE ADJUSTMENT ASSISTANCE (TAA) and TRADE READJUSTMENT ALLOWANCES (TRA):**
If you think you have been subjected to equal opportunity discrimination under a WIOA Title I or a TAA/TRA financially assisted program or activity, you may file a discrimination complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or Director, Civil Rights Center (CRC), U.S. Dept. of Labor, 200 Constitution Avenue NW, Room N-4123 Washington, DC 20210. If you file your complaint with the Board or Contractor, you must wait until you receive a written Notice of Final Action or 90 days have passed (whichever is sooner) before you can file with the CRC. If the written Notice of Final Action is not issued within 90 days of the day you filed your complaint, you have 30 days following the 90-day deadline to file a complaint with CRC (that is, within 120 days of the day you first filed your complaint). If you receive a written Notice of Final Action on your complaint but are dissatisfied with the decision, you may file a complaint with CRC. However, you must file your CRC complaint within 30 days of receiving the Notice of Final Action.
- TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) / CHOICES and/or CHILD CARE SERVICES (CC):**
If you think you have been subjected to equal opportunity discrimination under a TANF/Choices and/or Child Care (CC) program or activity receiving federal financial assistance, you may file a complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or U.S. Department of Health and Human Services (HHS), the Office for Civil Rights, 1301 Young Street, Suite 1169, Dallas, TX 75202, (800) 368-1019. Those filing complaints against child care program services receiving USDA federal financial assistance may choose to contact the U.S. Department of Agriculture (USDA), Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410. If you file your complaint with the Board or Contractor, you must wait until a written Notice of Final Action is issued or until 90 days have passed (whichever is sooner) before you can file with the U.S. Department of Health and Human Services.
- SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EMPLOYMENT AND TRAINING (SNAP E&T):**
If you think you have been subjected to discrimination under a SNAP E&T financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either the Board/Contractor Equal Opportunity Officer (or designee) or the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, (202) 260-1026. If you file your complaint with the Board or Contractor, you must wait either until a written Notice of Final Action is issued or until 90 days have passed (whichever is sooner) before filing with the U.S. Department of Agriculture.

Please do not sign this notice until you have read it and understand its contents.

By my signature below, I acknowledge this orientation to the discrimination complaint procedure and the statement regarding Equal Opportunity Is the Law. I affirm that I have read the Orientation to Discrimination Complaint Procedures Form and that I have been given the opportunity to ask questions about its contents. I understand that the One-Stop application form is not a job application; rather, this form is used to determine my eligibility to receive program services and to meet federal reporting requirements. I further understand that failure to provide the requested information may prevent me from receiving services.

Signature of Applicant

Printed Name

Date

SECTION VI – ADDENDUM FOR CHILD CARE ASSISTANCE

If you are applying for Financial Aid for Child Care Assistance:

1. Carefully read this document
2. Initial you understand and agree to each responsibility that will apply to you should we award Financial Aid
3. Sign and Date the Parent Acknowledgement page
4. Submit this form with your Financial Aid Application

PARENT AGREEMENT

Your Rights

1. You have the right to expect good service from Workforce Solutions.
2. You will receive financial aid regardless of race, color, national origin, age, sex, disability, political beliefs, or religion.
3. We assure you that we will treat any personal information you give to Workforce Solutions as confidential.
4. You may choose the child care arrangement best meeting your needs, including care provided by a child's relative.
5. You have the right to report a change in work or education/training that may result in an increase in the level of financial aid you receive.
6. We'll notify you fifteen (15) days before we end or change the payment of care unless you voluntarily withdraw or in cases where fraud has been determined.
7. If you are required to pay a monthly fee to your child care provider, you have the right to report a change in family composition or income which may lower your monthly fee. If you failed to pay your portion of the child care parent fee as agreed below, Workforce Solutions will discontinue your child care.
8. If your child care is discontinued due to excessive absences or failure to pay your monthly parent fee, you can reapply after a 60-day waiting period.

Your Responsibilities

Workforce Solutions wants you to understand your responsibilities if we determine you are eligible for financial aid for child care assistance.

Please read the responsibility statements below, initial each responsibility signifying you understand your responsibility and will comply, and sign in the space provided at the bottom of this document.

Some Responsibility statements will not apply to all families receiving financial aid for child care. These are identified with the * symbol. If you have questions regarding any of these responsibilities, please contact Workforce Solutions at 1-888-469-5627, select option 3, and then option 2 -- or call 713-334-5980.

1. Family/Income*

I understand I qualify for child care financial aid based upon my family's income and size. If my family experiences a change in income or family composition that would put my family income above the limits detailed at <http://www.wrksolutions.com/for-individuals/financial-aid-for-child-care>. I must report such change to Workforce Solutions within 14 days. Failure to report this information within 14 days may result in disallowed costs I will have to repay.

Important: We can help. If you are not sure if your change in income or family composition would result in your family exceeding the limits on the chart referenced above, you can contact Workforce Solutions and our staff will help determine if your change in income or family status results in your family exceeding the limit.

Parent's Initials _____

APPLICATION FOR FINANCIAL AID/SERVICES



2. Work/Training Education*

If I understand I am able to get child care so I can work, go to school, or attend job training classes. If I am no longer working, no longer in school, or no longer attending job training classes, I will notify Workforce Solutions within 14 days of the change. Failure to report this information within 14 days may result in disallowed costs I will have to repay.

Important: We can help. If you are not sure if your change in income or family composition would result in your family exceeding the limits on the chart referenced above, you can contact Workforce Solutions and our staff will help determine if your change in income or family status results in your family exceeding the limit.

Parent's Initials _____

3. Contact Information

I understand I must report any changes in my family's residence, primary phone number, or email address. **I will notify Workforce Solutions within 14 days of the change.**

Parent's Initials _____

4. Parent Fee*

If I am determined eligible and awarded financial aid and required to pay a parent share of cost fee, I agree to pay my monthly parent fee to my chosen child care provider. Workforce Solutions assesses a sliding scale fee based on my family's gross income, composition and the number of children in care. I understand that my parent fee may decrease depending on changes in family composition, income or the number of children in care. I must notify Workforce Solutions if I have changes in my family composition, income or number of children in care. Workforce Solutions may adjust my monthly parent fee based on the changes I report. My monthly fee will not increase unless the number of children in care increases. I understand that failure to pay the parent fee may result in termination of my financial aid for child care.

Parent's Initials _____

5. Choice of Providers

I understand if I choose:

- a. **a relative to provide care for my child:** the decision to choose my child's relative is mine alone for which I am fully responsible. I understand that my child's relative is not subject to health and safety requirements required of a regulated child care provider. I am responsible for setting requirements for the care provided by my child's relative. I understand that neither the Houston-Galveston Area Council, through Workforce Solutions nor any of its employees, affiliates or contractors, is responsible for actions or omissions of my child's relative providing child care or for the health and safety of my child.
- b. **a regulated provider to provide care for my child:** the decision to choose a particular provider is mine alone for which I am fully responsible. I understand neither the Houston-Galveston Area Council, through its Workforce Solutions workforce system nor any of its employees, affiliates or contractors, is responsible for actions or omissions of a regulated provider or for the health and safety of my child.
- c. **a regulated provider that has earned Texas Rising Star (TRS) certification:** I understand that the TRS designation indicates that a provider has quality standards that exceed State minimum standards and should be considered when choosing a provider to care for my child. Workforce Solutions will reduce the parent share of cost for new customers and Choices and SNAP customers who transition to employment upon the parent's selection of and acceptance and continued care by a TRS-certified provider.

Parent's Initials _____

APPLICATION FOR FINANCIAL AID/SERVICES



6. Reporting Attendance

If I am determined eligible and awarded financial aid, I understand:

- a. I must use the attendance card to report my child's attendance and absences;
- b. I can designate up to three individuals as alternate card holders to report attendance/absences on my behalf; and the secondary cardholder must be at least 16 years old, unless the individual is the child's parent;
- c. I (or my alternate cardholders) must review the receipt generated by the attendance card machine to confirm my child's attendance is approved for the day.
- d. I must inform Workforce Solutions immediately when my attempt to record attendance is denied or rejected and cannot be corrected at the child care provider site.

Parent's Initials _____

7. Security Agreement Requirements for the Attendance Card

- a. I will not let any other individual, child care provider, or its owner, director, assistant director, or employees possess, accept, or use my card or PIN, (or my alternate cardholders' card or PIN), to perform the attendance/absence reporting function on my behalf.
- b. I will not designate the child care provider staff, owner, director, or assistant director as an alternate cardholder.
- c. I am responsible for any misuse of the attendance card by my alternate cardholders.
- d. I am responsible for informing alternate cardholders of these requirements and their responsibility for using the attendance card.
- e. I will report misuse of my attendance cards and/or PINs to Workforce Solutions.

Workforce Solutions will take appropriate action against anyone who fails to abide by the above security requirements for the attendance card, including denying referrals to a vendor holding a card, moving children to another vendor selected by the parent, withholding vendor payments or reimbursement of costs incurred, recoupment of funds, and may include filing criminal charges with the appropriate authorities.

Parent's Initials _____

* Exceptions:

Family Income is not a requirement for all customers. These families also do not have a share of cost, and care may be authorized to look for work:

- Parents eligible for financial aid because they are participating in TANF Choices or SNAP E&T
- Parents of children experiencing homelessness.

YOUR PROVIDER SELECTION

You should have chosen a child care provider for your child(ren) and contacted them to determine if space is available. A provider must be selected within **fourteen (14) calendar days** upon notification of eligibility for financial assistance. Failure to select a provider may result in denial of child care services. Please list the details for your chosen provider below. If you have more than one provider, use the second box for the additional provider.

Provider name:	Address:			Phone:	
Child name (list each child who needs care on a separate line)	Currently attending w/ provider? (circle one)	Transportation Needed? (circle one)	Days of the week care is needed (circle all)	Type of Care** (circle one)	Desired start date
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	

APPLICATION FOR FINANCIAL AID/SERVICES



	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	

**Circle part time if you need before and after school care during the school year, and full time care only during the summer and school breaks

** Circle full time if you need care for a child age 5 or younger who will be in care 6 or more hours per day

Additional provider, if applicable:

Provider name:	Address:			Phone:	
Child name (list each child who needs care on a separate line)	Currently attending w/ provider? (circle one)	Transportation Needed? (circle one)	Days of the week care is needed (circle all)	Type of Care** (circle one)	Desired start date
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	
	Y / N	Y / N	M T W T F S S	Part / Full	

**Circle part time if you need before and after school care during the school year, and full time care only during the summer and school breaks

** Circle full time if you need care for a child age 5 or younger who will be in care 6 or more hours per day

Parent Acknowledgement

- I understand that a person, who obtains or attempts to obtain by fraudulent means services to which the person is not entitled, may be prosecuted under applicable state and federal laws.
- I also acknowledge the Parent Handbook can be found on the [Workforce Solutions](#) website and Workforce Solutions staff are available to answer my questions.
- If I receive Financial Aid from Workforce Solutions, I will ensure my child attends child care on a regular basis.
- If I receive Financial Aid from Workforce Solutions, I understand that if my child exceeds forty (40) total absences any time during my 12-month eligibility period, my child will not be eligible for child care services for 2 months from the date care was ended, and I will have to reapply for services. Absences due to a child's documented chronic illness, disability, or court ordered visitation do not count toward the maximum absences allowed.
- If I receive Financial Aid from Workforce Solutions, I acknowledge that failure to meet my provider's established attendance policy may result in the provider ending my child's enrollment.
- I acknowledge that failure to pay my parent share of cost may result in the termination of my child care financial aid.
- I give permission to Workforce Solutions to contact third parties to verify income and family composition or to use information from the financial aid application for identification and verification of income.

APPLICATION FOR FINANCIAL AID/SERVICES



8. I acknowledge the information on this Parent Agreement including my: Rights, Provider Selection and Responsibilities. I have the right to request a change in my provider selection.
9. I acknowledge that I have the right to appeal a decision by Workforce Solutions to terminate my child care services. If care is terminated due to absences or a failure to pay the parent share of cost to the provider, child care financial aid will not continue during the appeal process.
10. I acknowledge the information I provide to determine my eligibility is subject to validation through cross-checks against state and federal databases, and that I may be asked to participate in face-to-face interviews and provide original documents to verify my identity and eligibility for child care financial aid.

Parent Signature

Printed Name

Date

Student's Name: _____

Date of Birth: _____

2021-2022 HOUSEHOLD INFORMATION SURVEY

George I. Sanchez Charter School is participating in the Community Eligibility Provision under the National School Lunch Program. Under this option, all children in the school will receive a breakfast/lunch at no charge regardless of completion of this form. However, to determine eligibility for various additional state and federal program benefits that your child(ren)'s school may qualify for, please complete, sign and return this application to your student's school.

Effective from July 1, 2021 through June 30, 2022

Household	Total Income									
	Annual		Monthly		Twice Per Month		Every Two Weeks		Weekly	
No. of Household Members	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	\$16,744	\$23,828	\$1,396	\$1,986	\$698	\$993	\$644	\$917	\$322	\$459
2	\$22,646	\$32,227	\$1,888	\$2,686	\$944	\$1,343	\$871	\$1,240	\$436	\$620
3	\$28,548	\$40,626	\$2,379	\$3,386	\$1,190	\$1,693	\$1,098	\$1,563	\$549	\$782
4	\$34,450	\$49,025	\$2,871	\$4,086	\$1,436	\$2,043	\$1,325	\$1,886	\$663	\$943
5	\$40,352	\$57,424	\$3,363	\$4,786	\$1,682	\$2,393	\$1,552	\$2,209	\$776	\$1,105
6	\$46,254	\$65,823	\$3,855	\$5,486	\$1,928	\$2,743	\$1,779	\$2,532	\$890	\$1,266
7	\$52,156	\$74,222	\$4,347	\$6,186	\$2,174	\$3,093	\$2,006	\$2,855	\$1,003	\$1,428
8	\$58,058	\$82,621	\$4,839	\$6,886	\$2,420	\$3,443	\$2,233	\$3,178	\$1,117	\$1,589
For each additional family member, add	\$5,902	\$8,399	\$492	\$700	\$246	\$350	\$227	\$324	\$114	\$162

These guidelines are based on 130% (free) and 185% (reduced) of the federal poverty guidelines and are effective July 1, 2021-June 30, 2022.

If any member of your household receives Supplemental Nutrition Assistance Program (SNAP, formerly food stamps) or TANF (Temporary Assistance for Needy Families) benefits, provide the name and valid SNAP or TANF Eligibility number for the person who receives the benefits, and then proceed to Section 4. If no one receives these benefits, start with Section 1.

Name: _____

Valid SNAP or TANF # : _____

INSTRUCTIONS: Complete this survey and return to your child’s school

These selections must be completed by the Head of Household or Designee

- 1. SIZE OF HOUSEHOLD** - Indicate the total number of individuals living in your household, including all adults and Children: _____
- 2. STUDENT INFORMATION** - Complete for each student Pre-K and 6th-12th grade enrolled as **Sanchez Charter School**.

Last Name	First Name	Birth Date MM-DD-YY	Grade Level at Sanchez Charter School
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

If you need additional lines, attach a second sheet to this survey or attach a copy of this survey clearly marked as Page 3

- 3. TOTAL MONTHLY HOUSEHOLD INCOME** – Report Income for all members of household excluding foster children. If you have reported a SNAP or TANF number above, you do not need to complete this section; proceed to section 4.

Type of Income	Income	Circle if No Income
1. Gross Monthly Earnings: Wages, Salary, Commissions	\$	None
2. Monthly Welfare Payments, Child Support, Alimony	\$	None
3. Monthly Payments from Pensions, Retirement, Social Security	\$	None
4. Monthly Dividends or Interest on Savings	\$	None
5. Monthly Worker’s Compensation, Unemployment, Strike Benefit	\$	None
6. Other Monthly Income (SSI, VA, Disability, Farm, other)	\$	None
Total Monthly Household Income (Add lines 1-6)	\$	

- 4. SIGNATURE** - If Income Section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security number or check the “I do not have a Social Security number” box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand the school will be eligible for certain federal and/or state funds based on the information I give. I understand that the school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X _____ Print Name: _____ Date _____

Last Four (4) Digits of Adult Social Security Number: XXX-XX-_____ I do not have a Social Security Number

Address		City	Zip Code
Home Phone	Work Phone	Email Address	

By providing your email address, you may be contact via email by the district

For Office Use Only:		
Date Received: _____	Reviewed by: _____	
Circle One Reviewed by: QUALIFIES – FREE	QUALIFIES- REDUCED	DOES NOT QUALIFY

Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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This institution is an equal opportunity provider.



TO BE COMPLETED BY PARENT/GUARDIAN (OR STUDENT IF GRADES 9-12): The state of Texas requires that the following information be completed for each student that enrolls for the first time in Texas public Schools. This survey shall be kept in each student's record folder.

Name of Student	Grade	
Address	Telephone #	
1. What language is spoken in your home most of the time?	_____	
2. What language does your child (student) speak most of the time?	_____	
Parent's / Guardian Signature	Student's Signature if Grades 9-12	Date

Cuestionario del idioma que se habla en el hogar

DEBE DE COMPLETARSE POR EL PADRE O REPRESENTANTE LEGAL: (O POR EL ESTUDIANTE SI ESTA EN LOS GRADOS 9-12): El Estado de Texas requiere que la siguiente información se complete para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Este cuestionario se archivará en el expediente del estudiante.

Nombre del Estudiante	Grado	
Dirección	Teléfono	
1. ¿Qué idioma se habla en su hogar la mayoría del tiempo?	_____	
2. ¿Qué idioma habla su hijo la mayoría del tiempo?	_____	
Firma del Padre/Madre/ o Representante Legal	Firma del estudiante si está en los grados 9-12	Fecha



**Cuestionario Del Idioma
2021-2022**
Texas Education Agency Bilingual/ESL Unit
19TAC Chapter 89, Subchapter BB 89.1215

Name of Student	Grade	Country of Birth
1. Has your child (student) lived outside the U.S. for two or more consecutive years?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
-If "Yes" indicate when: (from month/year to month/year)		From: ___/___ To: ___/___
2. When your child lived outside the U.S., did he or she attend school regularly?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>
-If "No" Please specify grade and time period, including month and year. (example: 2nd, Jan/2010 to May/2010)		Grade: _____ From: ___/___ To: ___/___
3. How many years has your child (student) attended school in the U.S.? (Circle one) -If your answer is "0=Zero" Please specify number of Months: _____		0=Zero 1=One 2=Two 3=Three 4=Four 5=Five 6= Six or more
4. When did your child (student) first enter a school in the U.S.?		Year: _____ Grade: _____

Parent's / Guardian Signature	Student's Signature if Grades 9-12	Date

Nombre del Estudiante	Grado	Pais de Nacimiento
1. ¿Ha vivido su hijo fuera de los Estados Unidos por dos o más años consecutivos?		Sí: <input type="checkbox"/> No: <input type="checkbox"/>
-Si usted marco "Sí", indique el período de tiempo: (desde mes/año hasta mes/año)		De: ___/___ A: ___/___
2. Cuando su hijo/a vivía fuera de los Estados Unidos, ¿Asistió con regularidad a la escuela?		Sí: <input type="checkbox"/> No: <input type="checkbox"/>
-Si marco "No" Especifique el grado y el período en que su hijo/a no asistió a la escuela, incluyendo el mes y el año. (Por ejemplo: 2do. de Ene/2010 a Mayo/2010)		Grado: _____ De: ___/___ A: ___/___
3. ¿Cuántos años ha asistido su hijo/a (estudiante) a una escuela en los Estados Unidos? Circule uno. Si su respuesta es "0=Cero" Especifique el número de meses: _____		0=Cero 1=Uno 2=Dos 3=Tres 4=Cuatro 5=Cinco 6= Seis ó más
4. ¿Cuándo entró su hijo/a (estudiante) por primera vez a una escuela en los Estados Unidos?		Año: _____ Grado: _____

Firma del Padre ó Guardián	Firma del estudiante si está en los Grados 9-12	Fecha