



Northwest Local School District

# Houston Early Learning Center Preschool Registration Packet

2023-2024





## Northwest Local School District Preschool Program

2023- 2024

The Northwest Local School District is pleased to offer preschool classes at the Houston Early Learning Center.

Preschool students attend either in the morning or afternoon at the Houston Early Learning Center. Children must reside within the Northwest Local District and must be three or four years of age on or before September 30, 2023 to be eligible to attend this program.

*A child must be toilet trained by August 1, 2023 for final acceptance into the Early Childhood Program.*

The Northwest Local School District serves preschool students with disabilities in blended preschool classrooms. This means students with disabilities and typical students are in one classroom. If you feel your child may require services for a disability, please contact the Special Education Services Department at 513-923-1000 extension 4917 for additional information.

The tuition requirement for the Northwest Local District Early Childhood Preschool Program is based on income and is supported by the Northwest Local School District. Support is received through state and federal funds. These funds are based on criteria which must be adhered to including stringent income eligibility components in order for the funds to be retained. One such requirement is the Early Childhood Education Eligibility Screening Tool which you will find in this packet.

Tuition for the 2023-2024 school year will remain at \$200 per month. Reduced tuition rates are available for those who qualify.

Class size in preschool classrooms is limited in order to comply with state regulations. Completed registration packets must be submitted to the Houston Early Learning Center at 3308 Compton Rd. Cincinnati, OH 45251. Packets will be accepted by appointment only until class capacity is met. After that a waiting list is established on a first come, first served basis.

Summer screening information will be given to you at the time of your students registration meeting. Teacher assignment and parent-teacher-child conference times and dates will be mailed after the screenings take place. Mandatory screenings will take place in July.



# NORTHWEST LOCAL SCHOOL DISTRICT EARLY CHILDHOOD PRESCHOOL PROGRAM

## Document Verification List

Houston Early Learning Center  
3308 Compton Rd, Cinti OH 45251  
Phone (513) 385-8000 ext:4901  
Fax: (513) 395-8090

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

(As it appears on Birth Certificate)

### Documents & Forms Required for **PRESCHOOL** Enrollment

#### Please Complete and Sign the Following FORMS:

- \_\_\_\_\_ Student Enrollment Forms **Due at Registration**
- \_\_\_\_\_ Student Information Release Form **Due at Registration**
- \_\_\_\_\_ Physical Examination Form (*completed and signed by physician*) **Due By 8/1/23**
- \_\_\_\_\_ Immunization Record (*completed and signed by physician*) **Due By 8/1/23**
- \_\_\_\_\_ Student Health Form **Due at Registration**
- \_\_\_\_\_ Emergency Medical Authorization Form **Due at Registration**
- \_\_\_\_\_ Student Dismissal Information **Due at Registration**
- \_\_\_\_\_ Early Childhood Education Eligibility Screen Tool **Due at Registration**
- \_\_\_\_\_ Parent Financial Agreement **Due at Registration**

#### The following documents **MUST** be provided:

- \_\_\_\_\_ Child's Birth Certificate or Passport **Due at Registration**
- \_\_\_\_\_ Court-Stamped Custody Papers (*if applicable*) **Due at Registration**
- \_\_\_\_\_ Parent/Guardian's Driver's License or State ID **Due at Registration**
- \_\_\_\_\_ Proof of Residency (2 required) **Due at Registration**
  - Current Mortgage, Tax Bill, Commercial Lease OR Residency Affidavit with Owner's Proof and Business Mail addressed to the Name of the Parent/Guardian
- \_\_\_\_\_ 2 current pay stubs or Employer Letter for Wage Verification **Due at Registration**
- \_\_\_\_\_ 2022 1040 or 1040 EZ tax form for Dependent Verification\*  
**Due No Later Than 4/25/23**

**Registration forms must be completed and documents must be provided at the time of registration.\***

**\*2022 Tax forms are due no later than April 25, 2023**

**\*Physical forms are due no later than August 1, 2023**

**Failure to turn in the required paperwork will result in removal from the preschool class list.**



2023-2024 Early Childhood Student Enrollment Form (due at registration)

Student Name \_\_\_\_\_

First

Middle

Last

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Address \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Circle One: White Black Hispanic\*\* Asian Multiracial\* American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander

\*\*If Hispanic, Select Racial Group: Cuban Mexican Puerto Rican South or Central American Other Spanish Culture

\*If Multi-Racial, Select Racial Groups: White Black/African American Asian American Indian/Alaskan Native Native Hawaiian/Other Pacific Islander

Circle One: Male Female Last School Attended \_\_\_\_\_ Age \_\_\_\_\_

Last District Attended \_\_\_\_\_

If born outside of US, give date of entry \_\_\_\_\_

Parent Information: Status of Parents (circle one): Married Divorced Widowed Separated Single/Never Married

Are you the natural/adoptive parent(s) of the child (circle one): Yes No If no, your relationship: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work #: \_\_\_\_\_

Step Mother Name (If applicable) \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work #: \_\_\_\_\_

Step Father Name (If applicable) \_\_\_\_\_ Cell #: \_\_\_\_\_

Home Language Survey:

1. What language did your son/daughter speak when he/she first learned to talk? (Native Language) \_\_\_\_\_

2. What language does your son/daughter use most frequently at home? (Home Language) \_\_\_\_\_

3. What language do you use most frequently with your son/daughter? \_\_\_\_\_

4. What language do the adults at home most often speak? \_\_\_\_\_

5. How long has your son/daughter attended school in the United States? \_\_\_\_\_

Annual Class Roster: Each year we prepare a roster for each classroom in our program. This roster will not be furnished to any person (s) other than parents of children enrolled in our program.

I authorize the following information to be listed on the parent roster: Child's Name, Parent/Guardian name, Address and Phone #:

Yes  No Signature of Parent/Guardian  \_\_\_\_\_ Date: \_\_\_\_\_

Other Siblings In The District:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I, the undersigned, do hereby state and declare under penalty of falsification (\*), that I am the parent or legal guardian of the above named student and that this registration information is true and correct. Consent is hereby granted to Law Enforcement Officers to look at my child's records and make copies, thereof, if the matter of a missing child develops.

\_\_\_\_\_  
Parent/Guardian Signature Date

(\*) Falsification under Ohio Revised Code Section 2921.13 is a misdemeanor of the first degree punishable by a maximum of six (6) months imprisonment or a fine of \$1,000 or both.



2023-2024
STUDENT INFORMATION RELEASE

FERPA (Family Educational Rights and Privacy Act) allows that certain student information (known as Directory Information) may be released to those who follow procedures for requesting it.

For Additional information go to (http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html).

PLEASE COMPLETE THE INFORMATION REQUESTED BELOW

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

By checking the YES box you give the Northwest Local School District and/or the Houston Early Learning Center preschool permission to use any information regarding your child. (Images, Attendance Recognition, etc)\*

[ ] YES

By checking the NO box you have indicated that you do not wish for your child's information to be used by the Northwest Local School district or the Houston Early Learning Center Preschool.

[ ] NO

For Office Use Only:

Date form received by the office:

Classroom Teacher: \_\_\_\_\_

Date Information provided to the Classroom Teacher(s): \_\_\_\_\_



Student Health History 2023-2024

(To be completed by parent/guardian)

STUDENT'S LAST NAME FIRST MIDDLE DATE OF BIRTH

FAMILY HEALTH HISTORY - Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father:
Mother:
Brothers and Sisters:

I. HEALTH CONDITIONS - please check any that apply to your child

- Abdominal Spinal Curvature (scoliosis etc.)
ADHD/ADD
Allergies - Food\*\*\*
Allergies - Medication
Allergies - Other
Anemia
Asthma
Behavior Problems
Birth or Congenital Malformation
Bone/Muscle/Joint Problems
Bowel/Bladder Problems
Cancer - Type
Chicken Pox
Diabetes
Diarrhea/Constipation (chronic)
Eating Problems
Ear Problems/Hearing Difficulty
Eczema
Emotional Problems
Hearing Aids
Headaches (frequent)
Hearing Aids
Heart Problems
Hemophilia
Juvenile Arthritis
Lead Poisoning
Meningitis or Encephalitis
Neuromuscular Disorder
Seizures/Epilepsy
Sickle Cell Anemia
Skin Rashes (frequent)
Stool Soiling
Speech Problems
Throat Infection (frequent)
Tics/Nervous Twitches
Traumatic Brain Injury
Vision Problems
Urinary Tract Infections
Wetting (day/night)

II. VISION AND HEARING

Frequent ear infections? Left Right Both How Often?
Hearing problems? When? Ear Tubes?
Wear glasses? Reason Date of Last Eye Exam

III. INJURIES AND ILLNESS - Please list any severe injuries or illnesses:

Table with 3 columns: Injuries/Illness, Child's Age, Hospitalization

Comments:

What medications are given daily or frequently?

This child is usually: Very Active Normally Active Inactive

Do you have any concern about how your child gets along with others?

Do you have other comments/concerns about this child's health, development, behavior, family or home life that you would like to share with the school? Please explain/comments

V. PAST OR PRESENT SERVICES RECEIVED

- Previous Psychological Evaluation Year Counseling or Mental Health Services Year
Special Education Support Year Speech Therapy Year

DATE OF LAST PHYSICAL EXAM: DATE OF LAST DENTAL EXAM:

FORM COMPLETE BY: RELATIONSHIP TO CHILD:

I hereby authorize the school nurse and/or school health service specialist to share necessary health information about my child with the appropriate school staff.

This information will be shared in a confidential manner. This authorization is valid for the current calendar school year only. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent.

Parent/Guardian Signature X Date

I do not give permission to share information

Parent/Guardian Signature X Date



# EARLY CHILDHOOD PRESCHOOL Child Medical Statement

**\*Due by 8/1/23**  
Form & Copy of Immunizations

## SECTION I - Child Medical Information

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

<b>Immunizations:</b> <i>Please attach a copy of Immunizations</i>	<b>Exempt from Immunizations:</b>
Complete for Age <input type="checkbox"/> YES <input type="checkbox"/> NO	Religious Conviction <input type="checkbox"/> YES <input type="checkbox"/> NO
In Process <input type="checkbox"/> YES <input type="checkbox"/> NO	Health <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Lead Results:</b>	Other _____
<b>Hct/Hgb Results:</b>	

<b>Vision Screening Results:</b> RIGHT    20/_____    LEFT    20/_____
<b>Hearing Screening Results</b> PASS    /    FAIL

<b>Limitations or health conditions, including allergies, medications, and dietary restrictions.</b>

## SECTION II - Child Medical Statement Verification

Physician/Clinic/Hospital Name \_\_\_\_\_ Provider Phone Number \_\_\_\_\_

Provider Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Check box of examining medical professional:**

- Physician
- Physician Assistant
- Advanced Practice Registered Nurse

**This child has been examined and is in suitable condition to participate in group care.**

Signature of Medical Professional **X** \_\_\_\_\_ Date of Exam: \_\_\_\_\_



EARLY CHILDHOOD

Emergency Medical Authorization and Authorization to Pick Up From School
2023-2024

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_
Street Zip Code

Purpose - To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority and/or are permitted to pick the child up if he/she becomes ill or injured, when parents or guardians cannot be reached.

Part I OR Part II MUST Be Completed

Part I - To Grant Consent:

Parent/Guardian (Custodial Guardian)

Mother's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mother's Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Father's Email \_\_\_\_\_

Do mother & father live in the same house? Yes No
If not, who has legal custody? Mother Father Shared

Name of Two Relatives or Friends (18 years of age or older ) Required

1. Who may be notified \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Relationship to Student \_\_\_\_\_

2. Who may be notified \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Doctor to be called \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist to be called \_\_\_\_\_ Phone # \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctor, or in the event the designated preferred practitioner is not available, by another license physician or dentist; and (2) the transfer of the child to any hospital reasonable accessible. Preferred local hospital \_\_\_\_\_.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairment to which the practitioner should be alerted:

\_\_\_\_\_

Date: \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_

Part II - Refusal To Grant Consent: Parent(s) must meet with the school nurse to establish an emergency plan.

Parent/Guardian (Custodial Guardian)

Date: \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_





EARLY CHILDHOOD
Student Dismissal Information
2023-2024

I: Student's Name: Birthdate:
Home Address: Cell Phone #: (Unlisted?)

Do mother and father live in the same house? Yes No

If not, who has legal custody? Mother or Father (Court documentation must be provided)

Shared (If custody is shared, please provide the address of both parents.) Other:

II: Father's Name: Address:

Place of Employment: Work Phone #:

Cell # E-mail address:

Mother's Name: Address:

Place of Employment: Work Phone #:

Cell # E-mail address:

III: Step-Parent's Name: Address:

Cell #/Pager #: e-mail address:

IV: Guardian's Name: Address:

Cell #/Pager #: e-mail address:

V: BabySitter or Daycare Name:

Address:

Cell #/Pager #:

Please list all other children in your household who attend Northwest Local Schools:

MANDATORY EMERGENCY CONTACTS: Please list at least two people who are permitted to pick up your child if he/she were ill and you could not be reached. Please list in the order you prefer called, making sure we have the DAYTIME PHONE NUMBER; we must be able to reach someone during the day!

Name: Relationship: Daytime Phone #:

Name: Relationship: Daytime Phone #:

Name: Relationship: Daytime Phone #:

IS THERE ANYONE WHO IS NOT TO PICK UP YOUR CHILD?

Relationship:

Signature: X Relationship to Student: Date:



**EARLY CHILDHOOD  
Parent Financial Agreement  
2023-2024**

Please complete this form and submit it at the time of registration. Monthly tuition must be paid using the district's Pay Schools program. Information required for the account setup will be provided to the parents/guardians prior to the student's start date.

**\* A COMPLETED TUITION SUBSIDY FORM WILL DETERMINE ELIGIBILITY FOR TUITION ASSISTANCE\*  
The forms required to be completed along with the supporting documentation must be submitted in order for your students tuition to be determined. Failure to submit documentation will result in your student tuition to be the full amount of monthly tuition that has been predetermined by the school district. The current amount for the 2023-2024 school year is \$200 a month.**

1. I agree to pay the tuition fee in advance with no deduction for absences, holidays, or vacations. The monthly tuition fee is due by the 25<sup>th</sup> of the prior month for that month of enrollment. For example, the bill for September is due August 25<sup>th</sup>. I understand that legal action will be taken to collect unpaid obligations.

I agree that if my child is enrolled in preschool and the fee is not paid by the final notice from the treasurer's office, my child will be withdrawn from the Houston Early Learning Center preschool. The Northwest Local School District does not have payment plans available for families who are unable to pay the tuition.

2. I also agree to pay the first month's tuition fee prior to the first day of my child's attendance.

3. I agree to pay a \$30.00 fee for a returned check and will submit a money order for future payments.

4. I agree to submit any program changes for my child in writing. I understand that changes will become effective the first day of the following month.

5. I understand that my child will not be able to enroll in any future tuition programs within the Northwest Local School District if there are past due balances on my account. I understand that unpaid balances will follow my student to their next school in the district.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Parent's Cell Phone #: \_\_\_\_\_

Parent Signature x \_\_\_\_\_

Date x \_\_\_\_\_

Ohio Department of Job and Family Services  
Ohio Department of Education  
**EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL**

Tell us about you (the applicant)			
First Name	MI	Last Name	
Address			Today's Date
City	State	County	Zip Code
Phone Number (    )	Additional Phone Number (    )	E-mail Address	

Tell us about the people in your home							
Name <i>(First, Middle, Last)</i>	Relationship to You <i>(spouse, son, friend, etc.)</i>	Race	Hispanic or Latino <i>Y or N</i>	Spoken Language	Date of Birth	Gender <i>M or F</i>	U.S. Citizen <i>Y or N</i>
	Self	<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander					

<b>Child 1</b>	<b>Provider Name and Address</b>	<b>What hours/days do you need services? (i.e. child care or preschool) <i>Check all that apply</i></b>
<b>Name</b>		<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat  <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings  <input type="checkbox"/> Weekends
<b>Child's Mother's Maiden Name</b>		<b>What is the child's home school district?</b>
<b>Child's City of Birth</b>		

**Special Needs**

Is your child in need of special needs child care based on this definition?

"Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.

Yes  No

<b>Child 2</b>	<b>Provider Name and Address</b>	<b>What hours/days do you need services? (child care or preschool) <i>Check all that apply</i></b>
<b>Name</b>		<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat  <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings  <input type="checkbox"/> Weekends
<b>Child's Mother's Maiden Name</b>		<b>What is the child's home school district?</b>
<b>Child's City of Birth</b>		

**Special Needs**

Is your child in need of special needs child care based on this definition?

"Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.

Yes  No

Child 3	Provider Name and Address	What hours/days do you need services? (child care or preschool) <i>Check all that apply</i>
Name		<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat  <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings  <input type="checkbox"/> Weekends
Child's Mother's Maiden Name		What is the child's home school district?
Child's City of Birth		
<p><b>Special Needs</b></p> <p>Is your child in need of special needs child care based on this definition?            "Special needs child care" means child care provided to a child who is less than eighteen years of age and either has one or more chronic health conditions or does not meet age appropriate expectations in one or more areas of development, including social, emotional, cognitive, communicative, perceptual, motor, physical, and behavioral development and that may include on a regular basis such services, adaptations, modifications, or adjustments needed to assist in the child's function or development.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

**Tell us about your finances**

Will you or the people in your home receive income this month?  Yes  No

Income refers to all the money that you and the people in your home receive such as earnings from employment, child/spousal/medical support, disability benefits, retirement benefits, Workers' Compensation, Social Security, SSI, Veterans Benefits, etc.

If yes, please complete the table below.

Name	Type of Income	Amount of Income (before taxes)	How Often Received (weekly, bi-weekly, etc)	Date Last Received	Work or School Schedule (please list times)
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____

Do you or anyone in your household pay Child or Spousal Support?  Yes  No

How Much?

Signature of Applicant

Date