



Government of the Virgin Islands of the United States

DEPARTMENT OF HUMAN SERVICES

Office of Childcare & Regulatory Services

PRELIMINARY APPLICATION

Summer Only

No.: _____

PARENT'S NAME: _____ FAMILY SIZE: _____

SS# _____ (required) _____ Single _____ Married _____

MAILING ADDRESS: _____

TELEPHONE NOS.: _____
WORK CELL HOME

EMAIL ADDRESS: _____

PLACE OF EMPLOYMENT: _____ Phone# _____

ARE YOU A TEEN PARENT? YES NO

ANNUAL INCOME: \$ _____

NAME OF CHILD (REN) _____ DOB: _____

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

Have you applied for or are you receiving childcare services from any of the following?
 Head Start Early Head Start AmeriCorps Labor Military Other

Signature of Applicant

Date

OFFICIAL USE ONLY

ELIGIBILITY COMPLETED NO LONGER NO SHOW OTHER

INELIGIBILITY IN SUFFICIENT HOURS NOT IN A COMPONENT OVERQUALIFIED

If you are found eligible, you will be placed on the waiting list upon the availability of funds; however, if you are ineligible, you will be notified.