



**Infant and Toddler Program**  
675 Minna Street (at 8th)  
San Francisco, CA 94103  
415.487.3753  
minnaintake@holyfamilydayhome.org

**Pre-school and Kindergarten**  
299 Dolores Street (at 16th)  
San Francisco, CA 94103  
415.861.5361  
intake@holyfamilydayhome.org  
License # 380500308

# Application for Infant or Child Care

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Please PRINT CLEARLY. All questions must be answered IN FULL for your application to be processed. Thank you.

Date \_\_\_\_\_

Child applicant's name \_\_\_\_\_ Child's Age \_\_\_\_\_

## MOTHER'S INFORMATION:

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Street/Mailing Addresses \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Cell/Pager (\_\_\_\_\_) \_\_\_\_\_

Language Spoken in your home \_\_\_\_\_

**MOTHER'S WORK AND/OR SCHOOL INFORMATION:**  Employment  Training

Name of Work Place/School \_\_\_\_\_

Work/School Phone (\_\_\_\_\_) \_\_\_\_\_ Extension \_\_\_\_\_

Work/School Hours \_\_\_\_\_ to \_\_\_\_\_ Days (please circle): M T W Th F

## FATHER'S INFORMATION:

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Street/Mailing Addresses \_\_\_\_\_

City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_

Cell/Pager (\_\_\_\_\_) \_\_\_\_\_

Language Spoken in your home \_\_\_\_\_

**FATHER'S WORK AND/OR SCHOOL INFORMATION:**  Employment  Training

Name of Work Place/School \_\_\_\_\_

Work/School Phone (\_\_\_\_\_) \_\_\_\_\_ Extension \_\_\_\_\_

Work/School Hours \_\_\_\_\_ to \_\_\_\_\_ Days (please circle): M T W Th F

APPLICATION CONTINUES ►

**ALL ADULTS LIVING IN THE HOME:**  Mother  Father  Guardians(s)/Other \_\_\_\_\_

**LIST ALL DEPENDENT CHILDREN LIVING IN THE HOME:**

**NEEDS CHILDCARE AT HFDH?**

Name _____	Birth Date ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____	Birth Date ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____	Birth Date ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name _____	Birth Date ____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Who is currently caring for your child? \_\_\_\_\_

When do you need childcare? \_\_\_\_\_

**PLEASE TELL US HOW YOU HEARD ABOUT HOLY FAMILY DAY HOME:**

Friend  Relative  Staff  Referral Agency \_\_\_\_\_  Other \_\_\_\_\_

HFDH Alumni: Name \_\_\_\_\_ Year(s) \_\_\_\_\_

**HFDH INFANT AND CHILDCARE FEES:**

Childcare tuition for infants aged 3-24 months ranges up to \$1295 per month. For children over 24 months the tuition ranges up to \$895 per month. Depending on your family income, you may qualify for some form of scholarship. Income verification and copies of pay stubs for all adults in the household will be required if financial assistance is requested. **Please complete the information financial to the right.**

**GROSS MONTHLY INCOME (BEFORE TAXES) FOR:**

Mother \_\_\_\_\_

Father \_\_\_\_\_

Other Adults in household \_\_\_\_\_

TOTAL Household Income \_\_\_\_\_

**FAMILY HEALTH:**

If you remain interested in Holy Family Day Home after your tour of our program, you may also be asked to submit a current immunization record for our child applicant.

Is your child(ren) currently enrolled in a healthcare program? Please check all that apply.

Kaiser  Healthy Families  MediCal  Private  None

Other \_\_\_\_\_

**I affirm to the best of my knowledge and belief, that the above information is accurate as stated. I understand that this information may be subject to review by the State of California.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR HFDH USE ONLY:**

- Application received. Date \_\_\_\_\_ By \_\_\_\_\_
- Income verification received. Date \_\_\_\_\_ By \_\_\_\_\_
- Employment/Training verification received. Date \_\_\_\_\_ By \_\_\_\_\_
- Two (2) recent pay stubs for all adults in household received. Date \_\_\_\_\_ By \_\_\_\_\_
- Entered into HFDH database. Date \_\_\_\_\_ By \_\_\_\_\_
- Entered into CEL database. Date \_\_\_\_\_ By \_\_\_\_\_

Contact Info Notes (by/date):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_