



# HOLY FAMILY DAY HOME

**Infant and Toddler Program**  
675 Minna Street (at 8th)  
San Francisco, CA 94103  
Tel: 415.487.3753  
Fax: 415-487-3317  
minnaintake@holyfamilydayhome.org  
License #384000975

**Preschool and Transitional Kindergarten**  
299 Dolores Street (at 16th)  
San Francisco, CA 94103  
Tel: 415.861.5361  
intake@holyfamilydayhome.org  
License #380500308

## Application for Enrollment

Potential Program: \_\_\_\_\_

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

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

Applying for (please circle): **MINNA (Infant/Toddler program)**    **DOLORES (Preschool/Kindergarten program)**

By what date do you need childcare? \_\_\_\_\_

**Child #1 Applicant's Name** \_\_\_\_\_ **Date of Birth or Due Date:** \_\_\_\_\_

**Child #2 Applicant's Name** \_\_\_\_\_ **Date of Birth or Due Date:** \_\_\_\_\_

(If you are applying before the birth of your child, please follow up when your child is born with the exact birth date)

### PARENT/GUARDIAN #1:

Name \_\_\_\_\_ Relationship To Child \_\_\_\_\_

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

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

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_

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

Primary Language \_\_\_\_\_

**PARENT/GUARDIAN #1 WORK AND/OR SCHOOL INFORMATION:**     Employment     Training

Name of Employer/School \_\_\_\_\_

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

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

### PARENT/GUARDIAN #2:

Name \_\_\_\_\_ Relationship To Child \_\_\_\_\_

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

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

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_

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

Primary Language \_\_\_\_\_

APPLICATION CONTINUES 

**PARENT/GUARDIAN #2 WORK AND/OR SCHOOL INFORMATION:**

Employment

Training

Name of Employer/School \_\_\_\_\_

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

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

**ALL ADULTS LIVING IN THE HOME:** \_\_\_\_\_ (List number of parents/guardians, extended family, & friends)

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

**NEEDS CHILDCARE AT HFDH?:**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  Yes  No

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  Yes  No

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  Yes  No

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

**HFDH INFANT AND CHILDCARE FEES:**

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

**MINNA:** Childcare tuition for infants aged 3-24 months is \$1395 per month. For children 24-36 months, tuition is \$1195 per month.

Parent/Guardian #1: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

Other Income: \_\_\_\_\_

**TOTAL Household Income:** \_\_\_\_\_

**DOLORES:** Childcare tuition for children aged 24-36 months and not potty trained is \$1195 per month. For children 2-6 years that are potty trained, tuition is \$985 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.

**FINANCIAL INFORMATION:**

**DOLORES:**

Private Pay

Voucher:

\*If yes, who supplies the voucher (please circle):

4c's Children's Council Wu Yee PACE

Other: \_\_\_\_\_

Specialist: \_\_\_\_\_

Contact #: \_\_\_\_\_

Transitional Housing/Homeless

SFCEL: **(please check this box if you are on the CEL list)**

CEL is a "Centralized Eligibility List". Based on your income and family size, you may be eligible to receive subsidized childcare. SFCEL is located at Children's Council of San Francisco. If you are already on the CEL list, you will receive a letter from Children's Council **WHEN** a potential spot at HFDH opens up. Enrollment off of the CEL list depends entirely upon availability and income/family size verification.

APPLICATION CONTINUES 

**MINNA:**

Voucher:

Private Pay

ACCESS

\*If yes, who supplies the voucher (please circle):

4c's      Children's Council      Wu Yee      PACE

Specialist: \_\_\_\_\_

Other: \_\_\_\_\_

Contact #: \_\_\_\_\_

**HOW DID YOU LEARN ABOUT HFDH?**

Friend     Fair     Internet     Other: \_\_\_\_\_

**DEPOSIT:**

Upon enrollment, a deposit and registration/field trip charge is required in order to hold your child's spot. The deposit will be applied to your first month's tuition. Please note that the **deposit is NON-REFUNDABLE, no exceptions.**

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

**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:**

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