

# Choices in Education

## Pre-Application

<b>Applicant Name:</b>	<b>Relationship to Child:</b>	<b>Date:</b>
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### SECTION I: Child's Information

Name of Student	Date of Birth	Foster Child?		Disability?	
1. _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. _____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Prenatal Mothers Only:

**Mother's Name:**

**Expected Due Date:**

### SECTION II: Household Information

**Child's Address:**

**Zip Code:**

**Phone Number:**

**Number of Family Members in the Household? (Including Eligible Child):** \_\_\_\_\_

**Total Annual Household Income:**

**Currently Receiving:**

TANF

SSI

**Language(s) spoken in home:**

### SECTION III: Program Interest

1. **Program Hours/Days Needed:** Traditional School Day/Year  Full Year  Extended Day (>8 hrs)  Home-based
2. **Are you receiving Child Care Subsidy?**  Yes  No

### SECTION IV: Sign and Return

**I certify that the information provided is correct to the best of my knowledge and is subject to verification. I understand that completing this Pre-Application does not guarantee acceptance into a Choices in Education program.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Printed Name of Applicant**

\_\_\_\_\_  
**Date**

**Please Return Your Completed Application by Mail or Fax:**

**Neighborhood Centers Inc.**

**Attn: Intake**

**6615 Rookin**

**Houston, Texas 77074-5015**

**Fax: 713-273-3130**