



Confederated Tribes of the Goshute Reservation
CHILD CARE DEVELOPMENT FUND PROGRAM

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PARENT ENROLLMENT FORM

Mother/Guardian:	Tribal Affiliation:
Physical Address:	Tribal Enrollment #:
City/State/Zip Code:	Phone #:
Mailing Address:	Email:
City/State/Zip Code:	☐ Check if other parent is in the household

Father/Guardian:	Tribal Affiliation:
Physical Address:	Tribal Enrollment #:
City/State/Zip Code:	Phone #:
Mailing Address:	Email:
City/State/Zip Code:	☐ Check if other parent is in the household

LIST ALL FAMILY MEMBERS RESIDING IN THE HOUSEHOLD

Family Size: _____ # of Adults: _____ # of Children: _____			<u>Single Parent:</u> Yes / No
Name of Child:	DOB:	Gender:	# of hours of care needed: _____ per day, _____ per week
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Name of Child:	DOB:	Gender:	# of hours of care needed: _____ per day, _____ per week
Name of Child:	DOB:	Gender:	# of hours of care needed: _____ per day, _____ per week

Please complete the following information for Parent/Guardian(s) who reside in the same household as the child(ren) in need of care.

Mother/Guardian:

- ☐ Employed
☐ Job Training Program
☐ Educational Program
☐ Other _____

Father/Guardian:

- ☐ Employed
☐ Job Training Program
☐ Educational Program
☐ Other _____

EMPLOYMENT/JOB TRAINING AGENCY INFORMATION

Mother/Guardian Employer/Agency:	Father/Guardian Employer/Agency:
Employer/Agency Address:	Employer/Agency Address:
City/State/Zip Code:	City/State/Zip Code:
Phone #:	Phone #:
Salary: ☐ Part-time ☐ Full-time	Salary: ☐ Part-time ☐ Full-time

EDUCATIONAL PROGRAM INFORMATION

Mother/Guardian Name of Institution:	Father/Guardian Name of Institution:
Institution Address:	Institution Address:
City/State/Zip Code:	City/State/Zip Code:
Phone #:	Phone #:

I certify that all information on this form is true to the best of my knowledge. I understand that falsification can result in denial of subsidized childcare. I understand all information will be verified with, any or all, tribal, county, state, and federal agencies to ensure no duplication of services. In addition, I give Confederated Tribes of the Goshute Reservation, Child Care Development Fund Program, the right to verify all required information submitted to determine eligibility.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

CCDF CASEWORKER SIGNATURE: _____ DATE: _____

RECEIVED: