**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* ABC Child Application
* ABC Well Child Screening Form
* Birth Certificate or Hospital Record
* Immunization Record (with catch up schedule if necessary)

**Proof of Income - Total Family Income:**

* USDA free/reduced lunch application (for public schools only)
* 30 days of current pay stubs
* Income Tax Form
* W2
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If Unemployed**:

* Documentation of unemployment benefits
* Notarized statement signed by the parent stating that there is no earned income.

**With the signature below, I agree that the above requirements are completed.**

**Program Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**