



Childcare Assistance 2018-2019

By completing this form I understand that I will receive childcare assistance through an AmeriCorps sponsored plan, if eligible.

_____ I would like to enroll in the Childcare Assistance Plan and will visit
www.americorpschildcare.com to apply

_____ I am WAIVING my opportunity for childcare assistance.
(Only fill in your name and city below.)

Name: _____

Address: _____

Social Security Number: _____ - _____ - _____

Date of Birth: (Month/day/year) ____ / ____ / _____

Please circle the team with which you will be serving:

- Apopka
- Atlanta
- Baltimore
- Bend
- Boston
- Boulder
- Other (specify):

- Chicago
- Cincinnati
- Dayton
- Hartford
- LA
- New Orleans
- NYC
- Philadelphia
- Phoenix
- Rochester
- San Diego
- San Fran.
- Seattle
- Wash. DC
- Watsonville
- Wilmington
- JVC
- HMVS

Signature: _____ Date: _____