



EDWARD C. MAZIQUE PARENT CHILD CENTER, INC. OF THE DISTRICT OF COLUMBIA

1719 13TH STREET, NORTHWEST WASHINGTON, DC 20009 TEL. (202) 462-3375 FAX. (202) 552-2607

Wendell Campbell, DBA
Chairman of the Board

Almeta R. Keys, M. Ed., M. Div.
Chief Executive Officer

SELECTION CRITERIA

DATE: _____ Center Preference: __ 13th Street __ Reeves __ DFC __ Tyler House

Parent/Guardian Name _____ DOB _____

Child Name _____ DOB _____

Address _____ State _____ Zip _____

Contact: Cell _____ Home _____ Work _____

Email: _____

Income Source: 100-130% of Poverty Level (TANF, child support, SSI, Foster Care) _____

Income: \$ _____ (Annually) Family Size: _____

If applying for more than one child

Child Name 1. _____ DOB _____

2. _____ DOB _____

SELECTION CRITERIA POINTS

Child from a family receiving TANF/SNAP/WIC/Foster Care	15	
Family living below the federal poverty level	10	
Parent in college or training program	10	
Child from a one parent household	10	
Homeless Children and Families/Transitional Housing	20	
Child with Special Needs	10	
Parent with Special Needs	10	
Child with a sibling enrolled in the program	10	
Family has 3 or more children under the age of 5	5	
	Total	

Priority : Yes _____ No _____

"The Next Best Place to Home... Where We Are Doing What Is Best For Children!"





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Are you currently employed? If so, where and how many hours do you work a week?

Is there parent involvement from the other parent (mother/ father)? Yes No

Do you have state provided insurance such as AmeriHealth, Trusted, ect.? Yes No

Does this insurance cover your entire family or just the child? Please provide the name(s) and policy number(s) of the insurances used for your family.

Are you or any member of your family active in the military? Yes No

Are you or any member of your family a veteran? Yes No

How did you hear about our program? _____

Form Completed by: _____ Date: _____

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