

Application for Child Care

A non-refundable Application Fee of \$25.00 per child is required before your application can be considered. Please complete and return this form, with a check payable to Heartland Community College, to the Child Development Lab (credit card payments may be made by calling the Business Office at 309-268-8140).

Date: _____

(Please Print)

Mother/Guardian's Full Name

Father/Guardian's Full Name

Home Address

Home Address

City, State, Zip

City, State, Zip

Preferred E-Mail address

Preferred E-Mail address

C) Phone

C) Phone

H) Phone

H) Phone

W) Phone

W) Phone

Employer

Employer

Are you a Custodial Parent? Yes No
(Non-parent guardians must submit guardianship papers)

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Last 5 digits of Driver's License: _____
(This will be your sign-in PIN #)

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HCC Affiliation: __student __employee

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Relationship of child's parents (please circle):
Married Divorced Legally Separated

Single, different households Single, same household

How did you learn about the CDL? __website __referral __college staff other: _____

<continued>

Child Information:

1.	_____	_____	_____	M / F
	Child's Full Name:	DOB	Age	Gender
	_____	_____	_____	
	Any Preferred Nickname?	Ethnicity (optional)		
	Does this child presently have an IEP or IFSP or any diagnosed disabilities? No Yes: _____			
2.	_____	_____	_____	M / F
	Child's Full Name:	DOB	Age	Gender
	_____	_____	_____	
	Any Preferred Nickname?	Ethnicity (optional)		
	Does this child presently have an IEP or IFSP or any diagnosed disabilities? No Yes: _____			
3.	_____	_____	_____	M / F
	Child's Full Name:	DOB	Age	Gender
	_____	_____	_____	
	Any Preferred Nickname	Ethnicity (optional)		
	Does this child presently have an IEP or IFSP or any diagnosed disabilities? No Yes: _____			

I am requesting care for the following:

12 month Care: _____ Semester(s): Fall _____ Spring _____ Summer _____
(Year) (year) (year)

Specific days/hours requested:

Mondays: from _____ to _____
Tuesdays: from _____ to _____
Wednesdays: from _____ to _____
Thursdays: from _____ to _____
Fridays: from _____ to _____

Desired Start Date: _____

Final Enrollment Schedule and Fees will be confirmed in the CDL Tuition and Fees Agreement.

Parent Signature

Date

For Office Use:

Application Received: _____	Application Fee Rcvd: _____	
Enrollment Approved: _____	Enrollment Pkt provided: _____	Enrollment Docs Received: _____
Classroom/Teacher Visit: _____	Confirmed Start Date: _____	Room Assignment: _____