



Office Use

Child: _____

App Rcvd: _____

Application for Child Care

Please complete and return this form to the Child Development Lab.

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

HCC Affiliation:
__student __employee __none

HCC Affiliation:
__student __employee __none

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

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

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 from _____ __college staff other: _____

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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:

Mon: from _____ to _____
Tues: from _____ to _____
Wed: from _____ to _____
Thurs: from _____ to _____
Fri: from _____ to _____

Desired Start Date: _____

Final Schedule and Fees will be confirmed in the CDL Tuition and Fees Agreement once enrollment has been approved.

Parent Signature

Date

Rcvd by:

Date