



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:  
 Married  Divorced  Legally Separated  Single, same household  Single, different households

How did you learn about the CDL?  
 website  referral from \_\_\_\_\_  HCC Staff  Other: \_\_\_\_\_

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**Child Information:**

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

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

3. \_\_\_\_\_  
Child's Full Name: \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Gender  M  F  
\_\_\_\_\_  
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 or  by Semester: Fall  (Year) Spring  (year) Summer  (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