



Drop-In Child Care Registration

Date: _____

(Please Print)

Guardian #1 Full Name _____

Guardian #2 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

HCC Affiliation:
__student __employee

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)

Child(ren) Information:

1. _____ M / F
Child's Full Name: _____ DOB _____ Age _____ Gender

2. _____ M / F
Child's Full Name: _____ DOB _____ Age _____ Gender

3. _____ M / F
Child's Full Name: _____ DOB _____ Age _____ Gender

Care Schedule:

Please fill out your expected drop off and pick up times. NOTE: You must remain on HCC's campus to use the drop-in care service.

_____Monday _____Tuesday _____Wednesday _____Thursday

Guardian Signature _____

Date _____