HEARTLAND COMMUNITY COLLEGE
CHILD DEVELOPMENT LAB

Office Use

Child: _____

App Rcvd: _____

Application for Child Care

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

Date: _____

Please print this application.

_____
Parent/Guardian's Full Name

_____
Home Address

_____
City, State, Zip

_____
Preferred E-Mail Address

_____
C) Phone Number

_____
H) Phone Number

_____
W) Phone Number

_____
Employer

HCC Affiliation:
__ student __ employee __ community

HCC Student ID Number:_____

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

Are you a degree and/or certification seeking student? Yes No

Are you a full time or part time employee? Yes No

Are you a community member who receives SNAP and/or has an IEP/IFSP? Yes No

How did you learn about the HCC CDL?
__ website __ referral from _____
__ college staff __ other

_____
Parent/Guardian's Full Name

_____
Home Address

_____
City, State, Zip

_____
Preferred E-Mail Address

_____
C) Phone Number

_____
H) Phone Number

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1500 W. Raab Road, Normal IL 61761
Ph: 309-268-8210 Fax: 309-268-7965
childlab@heartland.edu www.heartland.edu/cdl

<continued on page 2>

naeyc Accredited

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 ___ (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

_____ _____
Rcvd by: Date