



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

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

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

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: \_\_\_\_\_

<continues on back>

**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