

CHILDCARE SCHEDULE NEEDED

CHILD'S NAME:

AGE:

ARE YOU SEEKING ENROLLMENT FOR MORE THAN ONE CHILD? YES OR NO IF YES PLEASE INCLUDE THE INFORMATION IN THE COMMENT SECTION BELOW.

PARENT'S NAME:

PHONE NUMBER:

EMAIL ADDRESS:

CHILDCARE PROGRAM: DO YOU NEED IMMEDIATE CARE? YES OR NO

POTENTIAL START DATE:

CHILDCARE PAYMENT ASSISTANCE PROGRAM: YES OR NO

MONDAY: FROM _____ A.M./P.M. TO _____ A.M./P.M.

TUESDAY: FROM _____ A.M./P.M. TO _____ A.M./P.M.

WEDNESDAY: FROM _____ A.M./P.M. TO _____ A.M./P.M.

THURSDAY: FROM _____ A.M./P.M. TO _____ A.M./P.M.

FRIDAY: FROM _____ A.M./P.M. TO _____ A.M./P.M.

**PLEASE CONTACT ADMISSION AND RECORDS REGARDING AFTER HOUR CARE FOR THE 24/7 CHILDCARE PROGRAM.*

ADDITIONAL COMMENTS:

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