

EDMONDS COMMUNITY COLLEGE
 CENTER FOR FAMILIES
 REQUEST FOR CHILDCARE
 (Please Print)

Child's name: _____

Birth date: _____ Age _____ Male Female

Parent/Legal Guardian name: _____

Address _____ City _____ Zip _____

Home phone _____ Cell _____ Work _____

EdCC Student (3+ credits) EdCC Staff/CWU (staff/student) Community

Student ID # _____ E-mail _____

*If your child is or will be age 3 by August 31st, would you be interested in enrolling in a
 HeadStart/Childcare classroom Yes No*

Indicate which quarter you wish to begin attending:

Fall	Winter	Spring	Summer

Schedule:

Full day is 7am to 5pm

Part day is 7am to 12:30 pm or 12:30 to 5pm

Please indicate below the actual times your child will arrive and depart from childcare each day. Schedule changes are permitted through the 5th day of the quarter; changes are dependent upon space availability and administration approval.

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival (time in)					
Departure (time out)					

Funding:

I plan on paying my childcare tuition by:

Self-pay DVR VOA BFET Financial aid Pell Grant

Working Connections/DSHS other agency (please list) _____

Upon acceptance I understand I will be required to complete enrollment paperwork, attend orientation, and adhere to all Center for Families policies and procedures. I also understand CFF rates, hours of operation, policies and procedures are subject to change.

Parent Signature: _____ Date: _____

For office use only:

Date application received:	Staff initials:
Entered into ProCare:	Staff initials:
Sibling: Yes <input type="checkbox"/> No <input type="checkbox"/>	Room number: