



**CENTER FOR FAMILIES CHILDCARE
EDMONDS COMMUNITY COLLEGE**
Supported by Associated Students of Edmonds Community College (ASEdCC)
REQUEST FOR CHILDCARE
(Please Print)

Child's name: _____

Birth date: _____ Male Female

Parent/Legal Guardian name: _____

Address: _____ City: _____ Zip: _____

Phone number: _____ Home Language: _____

Email: _____

Center for Families Hours of Operations:

See annual calendar for additional closure dates

Fall, Winter, Spring Quarters - Monday through Thursday 7:15 am - 5:15pm
Fridays 7:15am - 3:15pm

Summer Quarter - Monday through Thursday 7:15am - 5:15pm
CLOSED all Fridays

Enrollment Information:

I am a:

- EdCC Student (3+ credits) Student ID # _____
- EdCC Staff/CWU (staff/student) Employee ID# _____
- Community Member

I will need to start care in:

- Fall Winter Spring Summer

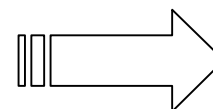
Estimated schedule: *(Schedule changes are accepted through the first 5 days of the quarter without any additional fees.)*

4 Days a Week - estimated time of drop off/pick up _____
Drop-off time/pick-up time

5 Days a Week - estimated time of drop off/pick up _____
Drop-off time/pick-up time

If your child is or will be age 3 by August 31st you will also be required to complete a Head Start/Childcare application.

PLEASE COMPLETE BACK PAGE ALSO



To assist in our enrollment processes please answer the following:

My child has allergies: YES NO

My child has asthma: YES NO

My child follows a special diet: YES NO

My child has known health/developmental needs: YES NO

My child uses prescription medication on a regular basis: YES NO

My child uses an inhaler or nebulizer: YES NO

Funding:

I plan on paying my childcare tuition by:

Self-pay

DVR*

BFET*

Pell Grant*

Financial aid*

VOA*

Working Connections/DSHS*

Other agency (please list) _____

**Upon acceptance of a childcare slot - Documentation of funding award is required. If funding is not approved, I understand I will be responsible for prepayment of the first two weeks of childcare charges prior to start date. _____*

Parent/Guardian Initials

Request for Childcare Policies

I agree to email or phone the Center for Families every 60 days or my child will be removed from waitlist and application will be shredded.

Upon acceptance of an open childcare slot, I understand I will be required to pay an application fee of \$45.00 within 24 hours (*which will be applied to tuition charges and is non-refundable*). Additionally, I will need to complete enrollment paperwork and orientation, visit classroom with my child prior to start date, and adhere to all CFF policies.

I also understand CFF rates, hours of operation, policies and procedures are subject to change.

By initialing this I am indicating I have read the above policies and understand my obligations: _____

Parent/Guardian Initials

Parent/Guardian Signature: _____

Date: _____

For office use only:

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