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 ______________

☐ 5 Days a Week - estimated time of drop off/pick up ______________

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
Page 1
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:

<table>
<thead>
<tr>
<th>Date application received:</th>
<th>Staff initials:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sibling: Yes ☐ No ☐</td>
<td>Room number:</td>
</tr>
</tbody>
</table>

Page 2