

CHILD CARE APPLICATION**PARENT/GUARDIAN INFORMATION**Date: _____ Semester for Child Care: _____ Faculty/Staff: ☐ Yes ☐ No

Parent/Guardian First Name: _____ Last Name: _____

Gender: ☐ Male ☐ Female ☐ Other ☐ Decline to answer

Last 4 Digits of Parents SSN: _____

I am a veteran: ☐ Yes ☐ No Child Care Voucher: ☐ Yes ☐ No

EMPLID: _____

Address: _____ Apt: _____

City/State/Zip code: _____

Cell Phone: (____) ____ - ____ Home Phone: (____) ____ - ____

Personal Email Address: _____

School Email Address: _____

Relationship to Child: ☐ Mother ☐ Father ☐ Other: _____Family Composition: ☐ Single ☐ Married ☐ Other: _____

Major: _____ Expected Graduation Date: _____

CHILD INFORMATION

Child's First Name: _____ Child's Last Name: _____

Child's DOB: _____ Gender: ☐ Male ☐ Female ☐ Other ☐ Decline to answer

Below select the ethnicity and racial category of your child

Ethnic Category

	Hispanic or Latino: A person of Cuba, Mexico, Puerto Rico, Dominican Republic, South or Central America; or other Spanish culture or origin, regardless of race.
	Not Hispanic or Latino

Racial Category

	American Indian or Alaskan Native – a person having origins in any of the original people of North or South America, who maintains tribal affiliations or community attachment (includes Aleuts and Eskimos)
	Asian – a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent (China, Japan, Korea, India, and the Philippine Islands)
	Black or African American – a person having origins in any of the black racial groups of Africa
	Native Hawaiian or other Pacific Islander – a person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.
	White – a person having origins in any of the original people of Europe, North Africa or the Middle East
	Two or more races – two or more of the above racial groups

Primary Language Spoken at Home: _____

SCHEDULE**YCCFC HOURS OF OPERATION:**

Monday to Thursday (8:30 a.m. – 5:30 p.m.)

Friday (8:30 a.m. – 3:30 p.m.)

Use the table below to indicate the days and times you will need child care. The time in the chart will reflect the time your child will be dropped off and picked up.

	Monday	Tuesday	Wednesday	Thursday	Friday
From					
To					

HEALTH, DIETARY & SPECIAL NEEDS SECTION

- Has a MEDICAL CONDITION (such as Asthma, Respiratory issues, Seizures, Diabetes, Hearing, etc.)?

☐ No ☐ Yes Please explain: _____

- Has MEDICATION PRESCRIBED BY A DOCTOR?

☐ No ☐ Yes Please explain: _____

- Has ALLERGIC REACTIONS to INSECTS BITES?

☐ No ☐ Yes Please explain: _____

- Has ALLERGIC REACTIONS to MATERIALS (FABRICS LIKE METAL, POLLEN, LATEX, DUST, ETC.)?

☐ No ☐ Yes Please explain: _____

- Has other ALLERGIC REACTIONS (Soaps, creams, lotions, etc.)?

☐ No ☐ Yes Please explain: _____

Food Allergies and Preferences:

- Has FOOD ALLERGIES?

☐ No ☐ Yes Please explain: _____

Requires SPECIAL DIET due to medical or allergy condition OR personal/religious preference (such as dairy-free, no pork, etc.):

SPECIAL NEEDS

If you answer yes to any of the questions below, you must provide a copy of all supporting documents.

- **Receives or did receive SERVICES FOR SPECIAL NEEDS** from school district OR other agencies?

☐ No ☐ Yes Please explain: _____

- **Has an INDIVIDUAL EDUCATION PLAN (IEP) OR INDIVIDUAL FAMILY SERVICE PLAN (IFSP)?**

☐ No ☐ Yes Please explain: _____

- **Has been IDENTIFIED/ASSESSED FOR SPECIAL NEEDS** (ADHD, Speech Therapy, Autism Spectrum Disorder, etc.)?

☐ No ☐ Yes Please explain: _____

By signing below, I attest I have answered all questions truthfully. I understand my responsibility to immediately inform York College Child and Family Center, Inc. of any changes in my child's health, dietary, and/or special needs.

Print Name

Date

Signature