

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

<input type="checkbox"/>	Hispanic or Latino: A person of Cuba, Mexico, Puerto Rico, Dominican Republic, South or Central American; or other Spanish culture or origin, regardless of race.
<input type="checkbox"/>	Not Hispanic or Latino

Racial Category

<input type="checkbox"/>	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)
<input type="checkbox"/>	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)
<input type="checkbox"/>	Black or African American- a person having origins in any of the black racial groups of Africa
<input type="checkbox"/>	Native Hawaiian or other Pacific Islander- a person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.
<input type="checkbox"/>	White- a person having origins in any of the original people of Europe, North Africa or the Middle East
<input type="checkbox"/>	Two or more races- two or more of the above racial groups

Primary Language Spoken at Home: _____

YCCFC HOURS OF OPERATION:

SCHEDULE

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 time 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: _____	From: _____	From: _____	From: _____	From: _____
To: _____	To: _____	To: _____	To: _____	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 to York College Child and Family Center, Inc. of any changes in my child's health, dietary, and/or special needs.

Print Name

Date

Signature