

Summer 2018 Uiviilat Play and Learn Center Child Care Enrollment Application
 June 11 – August 17, M-F, 7:45AM-5:15PM, Closed July 4

Section 1. CHILD CARE REGISTRATION

DATE _____

A. I am seeking care for the following children

Name	DOB	Program	Start Date
		Cranberry Full Day Classroom- Summer 2018	
		Cranberry Full Day Classroom- Summer 2018	

B. PARENT/GUARDIAN INFORMATION

Name:	Relationship to Child:
Please check options that apply:	
<input type="checkbox"/> I am applying as a single custodial parent <input type="checkbox"/> I am applying as joint parent (add additional parent information below) <input type="checkbox"/> I am applying as a relative foster placement or foster parent. ***Attach Custody Information***	
Physical Address:	
Mailing Address: P.O. Box	
Employer:	
Work Schedule:	
School/Training Program (if currently enrolled):	
Home Phone:	Work Phone: Cell Phone:
Email:	Work Email: Fax:
Best way to reach you during the day: ___work phone ___cell phone ___work email ___fax ___personal email	

C. SECOND PARENT/GUARDIAN INFORMATION-all lines must be completed

Name:	Relationship to Child:
Physical Address:	
Mailing Address: P. O. Box	
Employer:	
Work Schedule:	
School/Training Program (if currently enrolled):	
Home Phone:	Work Phone: Cell Phone:
Email:	Fax:
Best way to reach you during the day: ___work phone ___cell phone ___work email ___fax ___personal email	

Information Request

With this document I hereby grant Kawerak Child Care Services permission to request information from the Kawerak Head Start regarding my application.

Signature of Parent/Guardian: _____ Date: _____

Information Release

With this document I hereby grant Kawerak Head Start permission to release information on my behalf to Kawerak Child Care Services.

Signature of Parent/Guardian: _____ Date: _____

Confirmation of Enrollment

With this document I hereby affirm that my child will be enrolled in the Cranberry Full Day Child Care classroom.

Signature of Parent/Guardian: _____ Date: _____

Statement of Tuition Payments

With the below signature, I affirm that I understand that I am legally and financially responsible for monthly child care costs, \$588 for June, \$997 for July and \$588 for August, regardless of my child's attendance and that it is my responsibility to ensure that if applicable, my Child Care Subsidy Authorization is current.

Signature of Parent/Guardian: _____ Date: _____