

Parent/Guardian(s) Name: _____

Address: _____
STREET CITY STATE ZIP CODE

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Date Care Needed: _____

Child #1 Name: _____ Date of Birth: _____

Child #2 Name: _____ Date of Birth: _____

Child #3 Name: _____ Date of Birth: _____

Full-time Care

Part-time Care (SCC Students Only):

Mon.-Fri. (AM)

Mon.-Fri. (PM)

Mon., Wed., Fri. (Full Days)

Tue., Thurs. (Full Days)

PARENT IS:

SCC Student

Program Enrolled In: _____

Pell Grant-Eligible:

Yes

No

SCC Staff

General Public
