2021-22 CHILD CARE ASSISTANCE APPLICATION

Student's Name:_____ College ID#:_____

Address: _____
         Street or PO Box   City   State   Zip

Current Major:_____

Phone Number: _____   _____
                        Home   Work

Are you getting child care assistance from any other source? Yes or No
If yes, please list the type of child care assistance _____

List below the names, ages, birth dates, social security numbers, and relationships of your children in child care.

1. _____
       Name   Social Security Number   Date of Birth   Relationship

2. _____
       Name   Social Security Number   Date of Birth   Relationship

3. _____
       Name   Social Security Number   Date of Birth   Relationship

To be completed by the Child Care Facility or Individual with whom your child(ren) will be or are currently enrolled:

Day Care Provider: _____

Reg. Lic. Number (If Licensed): _____

Social Security Number (If not Licensed): _____

Address: _____
         Street   City   State   Zip

Phone: _____   Amount Child Care Charges per week: _____

Child Care Administrator Signature: X _____

Is the above stated provider a parent or grandparent of the child(ren) listed?   Yes or   No

I certify that the above information is correct to the best of my knowledge. I also hereby acknowledge that choice of the day care provider has been made without influence from any Wilson Community College Staff member. In addition I understand that this is only an application and I will be notified upon the receipt of this award. I also understand *if any part of this application is not completed, I will not be considered for this grant.*

X _____
       Student's Signature   Date

APPLICATION DEADLINE: Until Filled