

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)

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**PARENT IS:**

SCC Student

Program Enrolled In: \_\_\_\_\_

Pell Grant-Eligible:

Yes

No

SCC Staff

General Public

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