

Child Care Application

Parent/Guardian Name: _____

Date in need of child care services: _____

Reason for need of child care services: _____

Location of services: _____

Time Frame Needing Care:

Drop-Off Time: ____ : ____ ____

Pick-Up Time: ____ : ____ ____

Child(ren) in need of services on this day:

Child #1: _____

Child #2: _____

Child #3: _____

Child #4: _____

*For use of Child Care Worker/Schuylkill Women in Crisis Staff Only

Approved: Yes / No

Child Care Worker Signature

Date