The Colorado College Children’s Center
Request for Child Care Form
Please Print

Today’s Date _________________________ Time ________________ am/pm

Name of the Person Requesting Care

First ___________________________ Last ______________________________

Address ________________________________________________________________

Phone (home) ______________________ (work) _____________________________

Email Address________________________________________________________

Child’s Full Name________________________________________________________

Date of Birth (If you are expecting a child, please list the due date)

________________________________________________________________________

Classroom:

___ Infant (6 weeks- 18 months)
___ Toddler (12 months-36months)
___ Preschool 1 (2.5 years-3.5 years)
___ Preschool 2 (3.5 years -5 years)

Affiliation with the College

_____ Category A- Children of full-time College employees with benefits and full-
time students. Only full time employee’s and students’ families may qualify for the
 tuition discount program.

_____ Category B- Children of families associated with the College, i.e., retirees,
block visitors, part-time employees, alumni, part-time students, food service full-
time employees, and grandchildren of Category A employees.

_____ Category C- Children of parents not affiliated with the College.

(For office use only)
NOTES ________________________________________________________________
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