



CHILD CARE ASSISTANCE APPLICATION

tudent's Name:	(College ID#:	
ddress:			
Street or PO Box	City	State	Zip
nrrent Major:			
ione Number:			
one Number:Hon	me	Work	
	from any other source? Yes or No		
st below the names, ages, birth date	es, social security numbers, and relat	ionships of your	children in child care.
Name	Social Security Number	Date of Birth	Relationship
	0 '10 ' 11 1	D (CD' 1	
Name	Social Security Number	Date of Birth	Relationship
Name	Social Security Number	D (CD: 4	Relationship
ocial Security Number (If not Licen	sed):		
ddress:			
Street	City	State	Zip
one:	Amount Child Care Char	ges per week:	
nild Care Administrator Signature:	X		
the above stated provider a parent of	or grandparent of the child(ren) listed	d? Yes or	No
e day care provider has been made dition I understand that this is only	correct to the best of my knowledge without influence from any Wilson C an application and I will be notified tion is not completed, I will not be co	Community Colle upon the receipt	ege Staff member. In of this award. I also
Student's Signature			Date