



Date & Time Received \_\_\_\_\_

**CRAVEN COMMUNITY COLLEGE**  
Child Care Program Application

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Cell # ( ) \_\_\_\_\_

Other Contact # ( ) \_\_\_\_\_

Number of credit hours registered for \_\_\_\_\_

**Marital Status:**

Single \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_ Married \_\_\_\_

**Dependent Child (ren)'s Name**

**Age**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Current Child Care Provider(s)**

(Note: If approved for funding under this program, you must submit the name, address and cost of your child care provider before payment can be made.)

**Name/Address**

\_\_\_\_\_  
\_\_\_\_\_ Hours per week \_\_\_\_\_  
\_\_\_\_\_ Cost per week \$ \_\_\_\_\_  
\_\_\_\_\_ Phone ( ) \_\_\_\_\_

List all sources of child care funds that are available to you:

None \_\_\_\_\_

DDS \$ \_\_\_\_\_/week paid to: \_\_\_\_\_ (name)

JOBS \$ \_\_\_\_\_/week paid to: \_\_\_\_\_ (name)

Military \$ \_\_\_\_\_/week paid to: \_\_\_\_\_ (name)

Other \$ \_\_\_\_\_/week paid to: \_\_\_\_\_ (name)

I understand this is only an application for child care assistance through the Financial Aid Office at Craven Community College. I also understand that acceptance depends on the availability of funds and all forms and agreements must be completed before payment will be made. I understand that the arrangements for child care are my responsibility and I will not hold the college liable for any problems or injuries that occur as a result of child care. **I understand that this application must be submitted with a letter from the Department of Social Services stating that I am not receiving any type of assistance for child care from them.**

Signature \_\_\_\_\_

Date: \_\_\_\_\_