



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 (Maximum 2 Children, Ages 0-12)

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: _____