



## APPLICATION FOR CHILD CARE SERVICES (Snyder / Union Counties)

Building the future through early care and education one family at a time

**Site Preferred:**

(Specify by number if more than one acceptable choice.)

**Lewisburg Children's Center** \_\_\_\_\_  
205 Hospital Drive Lewisburg, PA 17837

**Susquehanna Children's Center** \_\_\_\_\_  
590 University Avenue Selinsgrove, PA 17870

**Mifflinburg Children's Center** \_\_\_\_\_  
105 Quail Lane Mifflinburg, PA 17844

**\$25 nonrefundable application fee (per family)**

Do you currently have any children receiving services from SUM Child Development?  No  Yes

If yes, which program \_\_\_\_\_ Note: Application fee is waived for current enrolled families.

**RETURN FORM and CHECK PAYABLE TO SUM Child Development TO:**

**SUMCD Lewisburg Children's Center**  
205 Hospital Drive  
Lewisburg, PA 17837

**Phone: 570-524-0926**

The child care office will contact families once a completed application is received along with the \$25 nonrefundable fee. **Please indicate your preferred method of communication. You will be contacted by this method unless we are notified otherwise.**

Telephone

Email

Mail

**Parent / Legal Guardian 1:**

**Application date:**

**Employer (Parent 1):**

**Phone (home):**

**Phone (mobile):**

**Phone (work):**

**E-mail (Parent 1):**

**Address (Parent / Legal Guardian 1):**

**# in family** (adults + children):

**Marital Status:**

Single  Married  Divorced  Widow

**Parent / Legal Guardian 2:**

**Employer:**

**Phone (home):**

**Phone (mobile):**

**Phone (work):**

**E-mail (Parent 2):**

**Address (Parent / Legal Guardian 2):**

**Referral:**  Ad  Friend/Relative  SUM Employee  Current Enrolled Parent  Sign  Website  Yellow Pages

Do you receive child care funding?  Yes  No Have you applied for funding?  Yes  No

## APPLICATION FOR CHILD CARE SERVICES (Snyder / Union Counties) Continued

<b>Child (1) Name:</b>	<b>Date of Birth:</b>	<b>Male / Female</b>
<b>Ethnicity</b> (optional) <input type="checkbox"/> Hispanic / Latino <b>Race</b> (optional) <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> Black / African American <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Bi-racial / Multi-racial <input type="checkbox"/> Other _____		
<b>Custody Order:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Days per week needed and hours?</b>		<b>Desired Start Date:</b>
<b>Any flexibility in days per week?</b>		
<b>Comments:</b>		
<b>Child (2) Name:</b>	<b>Date of Birth:</b>	<b>Male / Female</b>
<b>Ethnicity</b> (optional) <input type="checkbox"/> Hispanic / Latino <b>Race</b> (optional) <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> Black / African American <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Bi-racial / Multi-racial <input type="checkbox"/> Other _____		
<b>Custody Order:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Days per week needed and hours?</b>		<b>Desired Start Date:</b>
<b>Any flexibility in days per week?</b>		
<b>Comments:</b>		
<b>Child (3) Name:</b>	<b>Date of Birth:</b>	<b>Male / Female</b>
<b>Ethnicity</b> (optional) <input type="checkbox"/> Hispanic / Latino <b>Race</b> (optional) <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> Black / African American <input type="checkbox"/> White <input type="checkbox"/> Native American <input type="checkbox"/> Bi-racial / Multi-racial <input type="checkbox"/> Other _____		
<b>Custody Order:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Days per week needed and hours?</b>		<b>Desired Start Date:</b>
<b>Any flexibility in days per week?</b>		
<b>Comments:</b>		

<p><b>For Office Use Only</b></p> <p>Application Fee Received:    ____ Yes            ____ No            _____ Staff Initials    _____ Date</p> <p>Comments: _____</p>
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