



APPLICATION FOR CHILD CARE SERVICES (Mifflin County)

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

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| <b style="color: red;">\$25 nonrefundable application fee (per family) | Site Lewistown Children's Center 10 Bollinger Road Lewistown, PA 17044 |
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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 Lewistown Children's Center
 10 Bollinger Road
 Lewistown, PA 17044

Phone: 717-242-3032

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.**

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|------------------------------------|--------------------------------|-------------------------------|
| Telephone <input type="checkbox"/> | Email <input type="checkbox"/> | Mail <input type="checkbox"/> |
|------------------------------------|--------------------------------|-------------------------------|

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|---|---|
| Parent / Legal Guardian 1: | |
| <b style="color: red;">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: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow | |
| Parent / Legal Guardian 2: | |
| Employer: | |
| Phone (home): | Phone (mobile): |
| Phone (work): | E-mail (Parent 2): |
| Address (Parent / Legal Guardian 2): | |
| Referral: <input type="checkbox"/> Ad <input type="checkbox"/> Friend/Relative <input type="checkbox"/> SUM Employee <input type="checkbox"/> Current Enrolled Parent <input type="checkbox"/> Sign <input type="checkbox"/> Website <input type="checkbox"/> Yellow Pages | |

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

APPLICATION FOR CHILD CARE SERVICES (Mifflin County)
Continued

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|---|-----------------------|----------------------------|
| Child (1) Name: | Date of Birth: | Male / Female |
| Ethnicity (optional) <input type="checkbox"/> Hispanic / Latino Race (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 _____ | | |
| Custody Order: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Days per week needed and hours? | | Desired Start Date: |
| Any flexibility in days per week? | | |
| Comments: | | |
| | | |
| Child (2) Name: | Date of Birth: | Male / Female |
| Ethnicity (optional) <input type="checkbox"/> Hispanic / Latino Race (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 _____ | | |
| Custody Order: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Days per week needed and hours? | | Desired Start Date: |
| Any flexibility in days per week? | | |
| Comments: | | |
| | | |
| Child (3) Name: | Date of Birth: | Male / Female |
| Ethnicity (optional) <input type="checkbox"/> Hispanic / Latino Race (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 _____ | | |
| Custody Order: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Days per week needed and hours? | | Desired Start Date: |
| Any flexibility in days per week? | | |
| Comments: | | |

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