



CRAVEN COMMUNITY COLLEGE
Child Care Program Application

Name _____ Social Security # _____

Address _____ Phone # () _____
Cell # () _____
Other Contact # () _____

Marital Status:

Single _____ Separated _____ Divorced _____ Widowed _____ Married _____

Table with 2 columns: Dependent Child (ren)'s Name, Age. Includes two rows of blank lines for entry.

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.)

Table with 3 columns: Name/Address, Hours per week, Cost per week. Includes two rows of blank lines for entry.

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.

Signature _____ Date: _____