

# Request for Child Care

## Part 1 - Complete when filling out the DD Form 2606 (Waiting list form)

\_\_\_\_\_ I understand that when I am offered a child care spot that I have 24 hours to accept or decline the slot. If I accept the slot, I must do so in person at the CDC by completing and signing Part 2 of this form below.

Signature of parent: \_\_\_\_\_ date: \_\_\_\_\_

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## Unborn Infant Request for Care

\_\_\_\_\_ I understand that when I complete the DD 2606 for an unborn child, it will be filed alphabetically until I notify the CDC that the child is born.

\_\_\_\_\_ I understand that when I notify the CDC that the child was born, I will be placed on the active waiting list according to the date the DD 2606 was completed. I also understand that the DD 2606 is a request for care, completing the form does not guarantee a child care slot.

\_\_\_\_\_ I understand I must provide the following information to the CDC when the child is born:

- Child Name
- Date of birth
- Date child care is needed
- Updated contact information

Signature of parent: \_\_\_\_\_ date: \_\_\_\_\_

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## Part 2 - To be completed upon acceptance of a child care slot

\_\_\_\_\_ I agree to start my child (name) \_\_\_\_\_ on (date) \_\_\_\_\_ at the CDC.

\_\_\_\_\_ I understand payment is due on (date) \_\_\_\_\_ and that child care fees are paid in advance of care provided.

\_\_\_\_\_ I understand that I must turn in all required registration paperwork within 5 business days of accepting the child care slot.

\_\_\_\_\_ I understand that if I change my mind about care, I am responsible for payment from the date my child would have started care (indicated above) as well as a 2 week termination fee. If I do not provide proof of income to determine fee category placement, I will be responsible for the 2 week termination fee for category 9.

Parent Signature: \_\_\_\_\_ date: \_\_\_\_\_