

# CONFIDENTIAL

## HOUSE CHILD CARE CENTER

### APPLICATION

Please complete and return this form, accompanied by a \$75 application fee (check or money order only) to the U.S. House of Representatives Child Care Center, Room 1100 O'Neill HOB, 200 C St. SW, Washington, DC 20515. Application fee is *non-refundable*.

DATE: \_\_\_\_\_

DESIRED PLACEMENT DATE: \_\_\_\_\_

CHILD'S FULL NAME: \_\_\_\_\_

DUE DATE/BIRTH DATE: \_\_\_\_\_

AGE: \_\_\_\_\_

SEX: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

PARENT/GUARDIAN FULL NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

ALTERNATE CONTACT # \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PARENT/GUARDIAN FULL NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

ALTERNATE CONTACT # \_\_\_\_\_ E-MAIL: \_\_\_\_\_

***Parents of infants are required to spend 1– 3 days of their child's initial transition period at the Center with their child***

OPTIONAL (please check, if desired) \_\_\_\_\_ I/We wish to pay monthly tuition to reserve a space until my/our child is old enough to attend or if a space is offered prior to the desired placement date.

***Names on the wait list are removed the beginning of the month following the year anniversary of a name being placed on the wait list. Eligible enrollees are afforded the opportunity to remain on the list by resubmitting an application along with a \$75.00 renewal fee.***