



Application form for child care services

Child's Name: _____ Date of Birth: _____

Parent: _____ Parent: _____

Are you a Cincinnati State student? Y/N Are you a Cincinnati State staff member? Y/N

Home address: _____ Zip code: _____

Email: _____ Cell #: _____

Home #: _____ Work #: _____

Child Care Needed _____
(6 wks-18 mos.) (18-36 mos.) (3-5 yrs.)

Tentative Care Requested by (date): _____ Hours needed: _____

Are you eligible for the following funding sources? Please check all that apply.

- Ohio Job and Family Services Child Care Vouchers
- Kentucky Child Care Assistance Program
- Cincinnati Preschool Promise
- CCAMPIS Grant. CS Students may contact the Parenting Resource Center for eligibility requirements. StudentParent@cincinnatiastate.edu, 513-569-4793 ph 513-399-7473 txt

How did you hear about us? _____

There is a one-time non-refundable application fee of \$30.00 with this form.
 This fee does NOT guarantee placement for your child(ren).
Make checks payable to Learning Grove.
 This fee is waived for families receiving assistance.

For center use only:

Date received application fee: _____ Date of Tour: _____

Name on check or cash received by: _____ Check or Receipt#: _____

Learning Grove
 William L. Mallory Early Learning Center
 3520 Central Parkway
 Cincinnati, Oh 45223

