

CHILD CARE EDUCATION PROGRAM APPLICATION

The University of North Carolina at Greensboro
School of Health and Human Sciences
Department of Human Development and Family Studies

CHILD'S NAME _____
Date of Birth _____ or Due Date _____ Sex/Gender _____
Home Address _____ Primary Phone# _____
City/State _____ Zipcode _____
Parent/Guardian Name _____ Employer _____
Cell Phone# _____ E-Mail Address: _____
Parent/Guardian Name _____ Employer _____
Cell Phone# _____ E-Mail Address: _____
Which Parent/Guardian will be the primary contact? _____
Child Care Experience to date? ___ In-home Care ___ Family Home Child Care ___ Center Care
How did you hear about CCEP? _____

Hours of Operation: We are open Monday-Friday 8-4:30. We enroll full-time students only and cannot offer part-time enrollment or drop-in care.

The Child Care Education Program seeks to enroll a population of children that reflects the diversity of the Greensboro/Guilford County community, including children with and without disabilities, and children from various cultures and varying levels of family income. For this reason, we ask for voluntary disclosure of the following:

Ethnic/Cultural Background _____

Does your child have any Diagnosed Disabilities or Developmental Concerns?

Additional information (siblings, adoption, foster home, etc.) _____

CCEP uses a sliding fee scale to determine tuition.

Please indicate a category for your current gross family income by checking box below: _____
below \$64,999 ___ between \$65,000-84,999 ___ above \$85,000

CCEP currently has a grant to support tuition-free enrollment for eligible UNCG students. Are you a current UNCG student-parent? ___ YES ___ NO

Voluntary disclosure of addition information :

Do you have a childcare voucher? _____

Name of person submitting application: _____ **Date** _____

Please send completed form to: ccep@uncg.edu (save completed form on computer and send as attachment)