

1. Please indicate what leads you to apply to the CDC.

2. Please briefly tell us about your family. This will help us get to know you and your child better.

3. Does your child have any medical issues or allergies? Please explain.

4. Please list previous and current childcare arrangements for your child.

Name of Childcare	Dates Attended
_____	_____
_____	_____
_____	_____

For office use only

Date received _____

Application fee _____