

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

Date of Application _____

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: _____

CHILD CARE EXPERIENCE TO DATE: Family Home Care Center Care In-home Care

How did you hear about our program? _____

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.

CCEP uses a sliding fee scale to determine tuition.

Please indicate category for your current gross family income by checking box below:

\$29,000 or below \$30,000-\$49,999 \$50,000 - \$64,999 \$65,000 – \$79,999 \$80,000 - \$95,000 over \$95,000

Voluntary Disclosure:

Ethnic/Cultural Background _____

Does your child have any Diagnosed Disabilities or Developmental Concerns?

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

Name of person submitting application: _____ Date _____

Office Use Only

Please send completed form to:

UNCG-CCEP, PO Box 26170, 310 McIver St, Greensboro, NC 27402

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