



2024-2025 Child Care Enrollment Form

****REQUIRED TO BE COMPLETED BY ALL FULL-TIME MEMBERS – EVEN IF DECLINING****

LAST NAME: _____ FIRST NAME: _____ MI: _____

LAST 4 DIGITS OF YOUR SOCIAL SECURITY NUMBER: _____

YOUR ADDRESS: _____

Would you like to enroll in childcare assistance?

YES

NO

SIGNATURE: _____ DATE: _____