



RMH
CHILDCARE CONNECTION

Childcare Referral Request Form

<i>For office use only:</i>	
Date Received:	_____
Date Mailed:	_____

Name: _____ Relation to Child(ren): _____

Mailing Address: _____

City _____ State _____ Zip _____ County _____

Phone: (H): _____ (W): _____ Cell: _____

E-mail address: _____ Fax: _____

Employers: _____

	Child 1	Child 2	Child 3
First Name	_____	_____	_____
Date of Birth	_____	_____	_____

Type of Care Requesting:

(Mark all that apply)

- | | | | |
|-------------------------------------|--|--|---------------------------------------|
| <input type="checkbox"/> Pre-School | <input type="checkbox"/> Family Day Home | <input type="checkbox"/> Center | <input type="checkbox"/> In Home |
| <input type="checkbox"/> Student | <input type="checkbox"/> Summer Care | <input type="checkbox"/> Before School | <input type="checkbox"/> After School |
| <input type="checkbox"/> Rotating | <input type="checkbox"/> Emergency/Temporary | <input type="checkbox"/> 24 Hour Care | |

Care Needed: Mon Tues Wed Thurs Fri Sat Sun

Time Needed: Drop off _____ am/pm Pick Up _____ am/pm

Area where care is needed: _____ (City, Town, or Zip) Date Care Needed: _____

School Attending: _____

Special Needs: _____

[over]

Other Needs or
Requests: _____

These questions are optional.

Parent Information

- Two adult household Under 20 years Age 20-29 Age 30-39
 Single adult household Age 40-49 Age 50 or over

Income: \$10,000 or under \$10,000 - \$29,000 \$30,000 - \$39,000 \$40,000 & up

Languages Spoken:

How did you hear about ChildCare Connection? _____