

OARDC Child Care Program Application

Applicant (OSU/OARDC Employee)

Name: _____
 Department/College: _____
 Title: _____
 Employee ID #: _____
 Campus Phone: _____
 E-mail: _____
 Home Phone: _____
 Home Address: _____

Parent 2

Name: _____
 Employer or School: _____
 Employee ID # (if OSU employee): _____
 Business Phone: _____
 Business Address: _____

 Home Phone: _____
 Home Address: _____

Single custodial parent: Yes / No

<p>Child 1 Name: _____ Date of Birth: _____ Primary Provider: _____ Alternate Provider: _____</p>	<p>Child 2 Name: _____ Date of Birth: _____ Primary Provider: _____ Alternate Provider: _____</p>
<p>Child 3 Name: _____ Date of Birth: _____ Primary Provider: _____ Alternate Provider: _____</p>	<p>Child 4 Name: _____ Date of Birth: _____ Primary Provider: _____ Alternate Provider: _____</p>

Please enter hours on the Parent and Child Schedules as 8:00-5:00 or 7:30-5:30.

Only hours during which both parents or single custodial parent are working or attending registered classes are eligible for reimbursement.

*Child care hours during Sick Leave, FMLA Leave, Vacation, or OSU Holidays are **not** eligible for reimbursement.*

Parent(s) Work and/or Class Schedule

(Students must provide class schedule)

	Mon	Tue	Wed	Thu	Fri
Employee					
Parent 2					

Child Care Schedule

(Hours children are in licensed child care facilities)

	Mon	Tue	Wed	Thu	Fri
Child1					
Child2					
Child3					
Child4					

I attest that to the best of my knowledge all information given in this application is true and factual.

I also understand that I may be disqualified from participation in the program for providing false information.

Employee Signature _____

Date _____

Parent 2 Signature _____

Date _____

*Please send completed application to:
 OARDC Human Resources, 121 Research Services Bldg., 1680 Madison Ave., Wooster, OH 44691*