



### **BOULDER CCAP CHILD CARE REQUEST FORM**

CCAP Client's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Child Care Needed:

	Child #1	Child #2	Child #3
Child name			
CARE needed	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
School Aged:	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Type of care	FT <input type="checkbox"/> PT <input type="checkbox"/>	FT <input type="checkbox"/> PT <input type="checkbox"/>	FT <input type="checkbox"/> PT <input type="checkbox"/>
School Aged only:	BEFORE ONLY <input type="checkbox"/> AFTER ONLY <input type="checkbox"/> B/A <input type="checkbox"/> Full time SCHOOL OUT days <input type="checkbox"/> FT SUMMER <input type="checkbox"/>	BEFORE ONLY <input type="checkbox"/> AFTER ONLY <input type="checkbox"/> B/A <input type="checkbox"/> Full time SCHOOL OUT days <input type="checkbox"/> FT SUMMER <input type="checkbox"/>	BEFORE ONLY <input type="checkbox"/> AFTER ONLY <input type="checkbox"/> B/A <input type="checkbox"/> Full time SCHOOL OUT days <input type="checkbox"/> FT SUMMER <input type="checkbox"/>

Child #1 Name: \_\_\_\_\_

CCAP Provider Name: \_\_\_\_\_ Location: \_\_\_\_\_

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Schedule							
# hours							

☐ This is a change in child care, please end date care at \_\_\_\_\_ as of \_\_\_\_\_

Child #2 Name: \_\_\_\_\_

CCAP Provider Name: \_\_\_\_\_ Location: \_\_\_\_\_

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Schedule							
# hours							

☐ This is a change in child care, please end date care at \_\_\_\_\_ as of \_\_\_\_\_

Child #3 Name: \_\_\_\_\_

CCAP Provider Name: \_\_\_\_\_ Location: \_\_\_\_\_

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Schedule							
# hours							

☐ This is a change in child care, please end date care at \_\_\_\_\_ as of \_\_\_\_\_

**PLEASE COMPLETE ADDITIONAL FORMS FOR ANY ADDITIONAL CHILDREN NEEDING CARE**

**3460 N. Broadway, Boulder, CO. 80304 OR 515 Coffman St., Longmont, CO 80501**

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