Lake Tahoe Community College
Child Development Center
Interest Form

Today's Date:_____

Parent/Guardian name(s):_____

Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____

Are you a student at LTCC?: Yes ◯ No ◯

If yes, student status: Part-time ◯ Full-time ◯

Are you employed by the college?: Yes ◯ No ◯

If yes, department: _____

Do you think you may qualify for subsidized care: Yes ◯ No ◯

Children needing care:

Name	Birth Date	Hours/Days Needed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments:_____
_____
_____