

Request for Child Care Search Form

If you are a military member, you may be eligible for a child care subsidy and/or an enhanced referral search. Please call 800-793-0324 for details.

Parent's Name _____
First name Last name

Address _____ Apt. # _____

City _____ County _____ State _____ Zip code _____

Phone (home) _____ Phone (work) _____

Fax # _____ E-mail _____

Employer _____

		Child One	Child Two	Child Three			
Name of child(ren)							
Date of birth (00/00/00)							
Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female			
Any special needs?							
Days care needed		S M T W Th F Sat <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	S M T W Th F Sat <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	S M T W Th F Sat <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Date care needed							
Time range you will drop-off and pick-up your children	Weekdays	<u>Drop-off</u> _____	<u>Pick-up</u> _____	<u>Drop-off</u> _____	<u>Pick-up</u> _____	<u>Drop-off</u> _____	<u>Pick-up</u> _____
	Saturday	_____	_____	_____	_____	_____	_____
	Sunday	_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____

Please mark all that apply:

Where do you want care? Near home Near work/school Near child's school Other

Please specify: Name _____

Address _____

Type of care: Licensed Child Care Center Registered Family Child Care Home Licensed Group Day Home

How did you learn about ChildCareGroup?

- Employer Yellow pages Internet United Way Other Agency Child Care Provider
 Prior use Family/Friend CCA Local Workforce Board Texas Workforce Commission
 Texas Department of Human Services Other: _____

Comments or Questions: _____

If you would like to speak with one of our specialists regarding your child care needs, please call us at 214-631-2273 or toll free at 800-441-7865.

Please either fax this completed form to 214-631-1943 or mail to: ChildCareGroup Resource and Referral
 8585 N. Stemmons Freeway, Suite 500 South
 Dallas, TX 75247