UCONN HEALTH

CHILD CARE REQUEST FORM

To submit a child care request, please download and complete this form. Email your completed form to **childcare@uchc.edu**.

Parent First Name _____ Parent Last Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Office Phone _____

Current Job Title _____

Unit _____ Supervisor _____

Shift hours, i.e., 7 – 3:30 _____ ☐ Full-time ☐ Part-time

Start date _____ Anticipated end date _____

Days of the week:	M	T	W	Th	F
Anticipated hours of attendance:					

Children's information:

Name	Birthdate	Grade
1.		
2.		
3.		