

# Early Education/Child Care & Development Services

## INITIAL CONTACT FORM

Please print information

**Applicant Name:**

First: \_\_\_\_\_ Last: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Message phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Name and Age of children that need child care (*Children must be a GRIC member to qualify for off reservation care*)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_ GRIC Enrolled Y / N

Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_ GRIC Enrolled Y / N

Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_ GRIC Enrolled Y / N

Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_ GRIC Enrolled Y / N

**Are you currently?**

**Employed**

*Within GRIC community*

*Off reservation*

**Job Searching**

**Enrolled in job training**

**Enrolled in School**

**Applying for School**

Department: \_\_\_\_\_

**Child Care Services Preference:**

GRIC Early Education/Child Care Center

Family Child Care Provider

Off Reservation Provider (Please list Center Name, address and phone number)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Internal Use only:**

Received By:	Date:	Time:

- Please return by e-mail [EducationChildCare@gric.nsn.us](mailto:EducationChildCare@gric.nsn.us) or Fax: (520)562-3467