

Request for Child Care Services
Appalachian State University
Child Development Center
Peggy Eller, Director
Boone, NC 28608
#: 828-262-2183 Fax #: 828-262-7516

Name of Person Making Request: _____

Address: _____

ASU Box #: _____ Telephone #: _____ (H) _____ (W)

E-mail: _____

If this is not a permanent address, give name of person who will know how to contact you:

Name and Address: _____

Telephone: _____

Cell: _____

Child's Name: _____

Age of Child: _____ Birth date: _____

School Term Care is Needed: _____

Circle One: STAFF FACULTY STUDENT

Date Request Received: _____

Contact Dates: _____

Approval Date for Enrolling Child: _____

Signed: _____ Date: _____