

DOOR COUNTY JAIL – CHILDCARE REQUEST FORM

NAME: _____ NAME NUMBER: _____

CHILDCARE ADDRESS: _____

ACTIVE TELEPHONE/CELL NUMBER: () _____

The Jail must be able to reach you at all times. *There will be no excuses for invalid numbers or dead batteries!*

Please complete the following form completely and accurately. Any false or misleading information will be cause for denial into the Huber Program. Information provided will be reviewed/verified and used in the determination for eligibility to participate in the Huber-Child Care Program. Individuals the age of 18 years and older will not be considered as Childcare.

Any and all other residing adults must submit an "Employment Request" form.

Using the following chart, list all children for requested childcare and adults that reside at the residence stated above.

NAME(S) OF CHILDREN / ADULTS RESIDENTS	AGE(S)	RELATIONSHIP TO YOU

EMERGENCY CONTACT: In case of an emergency who would you like us to contact?

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE: () _____ WORK PHONE: () _____

In the event, you are required to return to the Jail, would the above Emergency Contact oversee childcare duties?

YES

NO

IF NO, PLEASE COMPLETE THE FOLLOWING ADDITIONAL INFORMATION.

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE: () _____ WORK PHONE: () _____

CHILD CARE APPROVED BY: _____ DATE: _____

