



Little Eagles and Ravens Nest (LEARN) Child Care Center

8001 Glacier Highway Avenue, Suite 1 • Juneau, Alaska 99801

Work: (907) 463-7776 • Email: LEARNJuneau@ccthita-nsn.gov

Child Care Application

Welcome to Little Eagles and Ravens Nest (LEARN) Child Care! To be added to our waiting list, please complete this application and return via mail, in-person, or email. (Note: An application is required for each child you wish to enroll for child care services)

Today's Date: ___/___/___ Requested Start Date: ___/___/___

Child's Full Name: _____ Child's DOB or Due Date: ___/___/___

Gender: _____ Child Lives With: _____

Parent/Guardian is (check all that apply):

LEARN Employee Tlingit & Haida Employee Non-Employee

Participates in Child Care Assistance with (check all that apply):

PASS (State Child Care Assistance) T&H Child Care Assistance None

Preferred Child Care Schedule (*LEARN is open M-F, 7:30-5:30*):

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____

Name of Parent/Guardian: _____ Relation: _____

Address: _____

Cell Phone: _____ Work Phone: _____

Occupation: _____ E-mail: _____

Name of Parent/Guardian: _____ Relation: _____

Address: _____

Cell Phone: _____ Work Phone: _____

Occupation: _____ E-mail: _____

Gunalchéesh / Háw'aa / Thank You

LEARN is an equal opportunity provider, employer, and lender.

Additional Information Needed

1. Provide us with the names, ages, and school of siblings.
2. What are you hoping for your child to experience at LEARN Child Care?
3. Has your child been in a child care setting before? If so, what was your experience like?
4. What can you tell us about your family's traditions, values and culture that will help us understand your child?
5. What languages did your child grow up hearing?
6. Explain any major life changes your child has experienced thus far. (Example: sibling's birth, move, death, separation, etc.)
7. Where is your child at in the toilet training or diapering stage?
8. Explain your child's naptime routine at home or in their current place of care.

9. Describe any dietary restrictions and/or allergies, eating habits (likes/dislikes) and (if applicable) bottle/nursing routines.

10. Would you like to receive information about tribal monthly kid-friendly events?

11. What are some of your child's main interests, talents and passions?

12. Describe your child's strengths and challenges.

13. Is there anything else you would like us to know about your child or family?

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Date Received (Office Use Only): _____