

Application for Child Care Services
The Sharing Place Child Care Center

44 Boulder Drive

Orono, Maine 04473

(207) 866-3313

TSPlace@housing-foundation.com

Child's Name _____ Today's Date _____

Nickname _____

Date of Birth _____

Parent's/Guardian's Name _____

Address: _____

Parent/Guardian's Social Security (last 4 digits only) _____

Status: Single _____ Married _____ Partnered _____ Separated _____ Divorced _____

Home Phone Number _____ Cell Number _____

Work Phone Number _____

Email Address _____

Please indicate the type of care you need:

_____ Full-Time Care (30+ hours per week)

_____ Three Quarter Time Care (20-29 hours per week) limited slots

_____ Half-Time Care (up to 19 hours per week) limited slots

After School Care: 5 days _____ 4 days _____ 3 days _____ 2 days _____

Do you participate or do you plan to participate in the Aspire or DHHS Voucher program? _____

Date Care is Needed _____

Additional Comments _____
