



Application Form

Child's Name _____

Date of Birth/Due Date _____

Preferred Start Date: _____

Parent/Guardian Name: _____

Phone # _____ Email _____

Parent/Guardian Name: _____

Phone # _____ Email _____

Address of Child's Residence:

Street

City

State

Zip Code

Preferred Schedule ___ M-F ___ M-W-F ___ T-TH

Please indicate your enrollment status. Priority enrollment is based on the status listed below:

___ NIST Employee (1st priority) Employee Name _____

___ Other Federal (2nd priority) Agency _____

___ NIST Associate (3rd priority)

___ Grandparents/Aunts & Uncles (4th priority)

Send this form along with a \$50 non-refundable processing fee to the address below:

To: NIST Child Care Center
100 Bureau Drive, Mail Stop 1915
Gaithersburg, MD 20899

Telephone: 301-975-2152