NIST
Child Care Center

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 below:

_____ NIST Employee (1st Priority) Employee Name _____

_____ Other Federal (2nd Priority) Agency Name _____

_____ NIST Associate (3rd Priority)

_____ Grandparents/Aunts & Uncles (4th Priority)

_____ Non-Federal

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

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

Telephone: 301-975-2152