

HOUSING AUTHORITY OF THE TOWN OF HAMDEN

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JAMES V. SETTE, Assistant Secretary/Treasurer

HAZELANN B. COOK, Executive Director

DATE: _____

CHILD CARE FORM

Parent Name: _____ Address: _____

Child's Name: _____ Age: _____

Provider's Name: _____ Address: _____

Provider's Social Security #: _____

Days service is provided _____ Hours _____ Amount \$ _____

Per _____ (week, day, month)

Parent Signature

Provider's Signature

Updated 1/14/2004