



COLLIER COUNTY PARKS AND RECREATION CHILDCARE

Enrollment Form for Collier County Employees and Dependents

Employee Information:

Name: _____ Department: _____

Employee #: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

Dependant Information:

Child's Name: _____ Date of Birth: _____ Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____ Child's Name: _____ Date of Birth: _____

I understand that this program will remain in force for the pay periods listed.

Termination of employment with Collier County will result in balance due at beginning of program.

Signature of Employee

Date

-----STAFF USE ONLY-----

Location: _____ Cost Center: _____

Staff Contact: _____ Phone Number: _____

Program Information:

☐ Summer Camp

☐ After School Fall

☐ After School Spring

☐ Before & After

Start date: _____ End Date: _____

Must be submitted to HR 2 days prior to payroll due date.... Check payroll calendar for exact date

Child's Name:	Summer Camp Fees	Before & After Fees	ASA Fall Fees	ASA Spring Fees	Total Fees	Operations Staff Only			
						Starting Pay Period	Ending Pay Period	# of Pay Periods	Total Deduction Per Pay Period

Sent to HR on _____ By _____