



APPLICATION FORM*

CHILD INFORMATION					
Child's Last Name:	First:	Middle:	Birth/Due Date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:					
City:		State:		Zip Code:	
Desired Program: <input type="checkbox"/> Full Time Infant program (M-F, 8 am to 6 pm) <input type="checkbox"/> Full Time Toddler program (M-F, 8 am to 6 pm) <input type="checkbox"/> Full Time Preschool program (M-F, 8 am to 6 pm) <input type="checkbox"/> Half Day Preschool program (M-F, 8 am to 1 pm)			Desired Start Date: Estimated Drop-off Time: Estimated Pick-up Time:		

Please list any known medical problems (e.g. asthma, allergies, past history of illness):

Special Dietary Needs:

PARENT / GUARDIAN'S INFORMATION		
Full Names:	Address (if different):	Relationship:
1.	1.	1.
2.	2.	2.
Email(s):		
1.	2.	
Parent/Guardian #1 Home phone no: ()	Parent/Guardian #1 Cell phone no: ()	Parent/Guardian #1 Work phone no: ()
Parent/Guardian #2 Home phone no: ()	Parent/Guardian #2 Cell phone no: ()	Parent/Guardian #2 Work phone no: ()
Parent/Guardian Signature:		Date:

How did you hear about us: Yelp Google Recommendation _____ Other _____

*A \$200.00 non-refundable fee must accompany this Application Form.

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