



Application for Child Care Service



\$50.00 (Nonrefundable) Application Fee

Name of Child: _____ D.O.B _____

Address: _____

City: _____ State: _____ Zip Code _____

Legal Guardian: _____

Phone (Home): _____ Business: _____

Mobile Phone: _____ E-Mail: _____

Phone Carrier _____

Driver's License Number: _____ Custody Agreement Yes (or) No (circle)

Days/Hours when care needed: (circle) M T W Th F Time: ____:____ to ____:____

Transportation arrangements to and from program: _____

Any previous child care experience: _____

Date Requested to enroll: _____

Our program does not exclude children with special needs. If we can provide a safe Environment. The following information is requested to help us plan care for your child.

Special needs of parents (e.g., Inability to climb stairs, difficulty lifting child, etc.);

Special needs of child (medications, treatments, allergies, food intolerance, conditions, Behaviors, IEP, IFSP, etc.)

Yes__ No__ (Complete Special Care Plan and Authorization for release of Information Form).

Usual eating schedule: _____

Foods child likes: _____ dislikes: _____

Potty Trained: Yes_____ No_____

Things that comfort child: scare child: _____

Who will care for child when he/she are sick? _____

Religion: _____ Religious concerns: _____

Complete the Child Care Emergency Contact Information Form

Legal Guardian's Signature: _____ Date _____