

2 ½ year class

3 years class

4 years class



Student Information

Child's Name

_____ Last _____ First _____ MI

Address _____

_____ Street _____ City _____ Zip

Age _____ Birth Date _____ Birth place _____ Race _____

Month/Day/Year _____ City/State

Parent Information

Mother's Name _____

_____ Last _____ First _____ MI

Address _____

_____ Street _____ City _____ Zip

HOME PHONE () - _____ - _____

WORK OR CELL PHONE () - _____ - _____

E-mail _____

Employer _____

Work Days/Hours _____

Father's Name _____

_____ Last _____ First _____ MI

Address _____

_____ Street _____ City _____ Zip

HOME PHONE () - _____ - _____

WORK OR CELL PHONE () - _____ - _____

E-mail _____

Employer _____

Work days/ Hours _____

Other Information

Previous childcare _____

Telephone number () _____ - _____

Who does the child live with? _____

Is this person the child's legal guardian? Yes ____ No ____

Do you have any other siblings: Yes ____ No ____, if yes please list below

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Please Make One Selection

____ before care needed

____ after care needed

____ before & after care needed

____ no child care needed

How did you hear about us?

____ Referral

____ Radio Ad

____ Outdoor sign

____ Website

____ Other _____

\$55 non-refundable registration fee is due when application is submitted. Paid _____

Parent's Marital Status: Married ____ Widowed ____ Single ____ Divorced ____

Parent/ Guardian Signature _____ Date _____