Application Form

Daycare Name*:		Daycare Location*:	
Start Date*:	Drop off Time*:		Pick up Time*:

Child Information

Name of Child*:		Date of Birth*:	

Child's Gender*:   Male / Female
Home Address*:
List all adults and children who live with the child*:

Child's First Language*:	Other Languages:

Parent/Guardian Information

Please list all Parents/Guardian(s) *:	
Parent/Guardian Name 1*:	Phone*:
Work Phone*:	Email*:
Days/Hours of Work*:	
Parent/Guardian Name 2*:	Phone*:
Work Phone*:	Email:
Days/Hours of Work*:	

Other Information

If applicable, please list an English-Speaking contact
Name: Email:

Has the child previously attended daycare/preschool*?
Yes/No   Comments:

Does Your Child have the following*:
A medical Condition/Concern/Allergies/Asthma?   Yes/No
If Yes, please specify:

Other information to help us care for your child*. (i.e. Toileting/Diapering/Rest Time/ Eating/Fear, etc.):

How did you find us?   Sign / Flyer / Google Research / Referral / Other (please specify)

_____   _____

Signatures   Date