Application for Admission

Child's Name _____ Sex M _____ F _____
Last First Middle

Birth Date _____ Age_____ Home Phone _____

Child Care Times	Monday	Tuesday	Wednesday	Thursday	Friday

(Indicate **all days** that are possibilities and **star** your desired days.)

Parent 1 (Guardian) _____ Marital Status: Married ❑ Single ❑ Divorced ❑ Separated ❑

Address _____
Street City Zip Code

Home Phone _____ Cell Phone _____

Employer _____ Address _____ Work Phone _____

Working Days & Times	Monday	Tuesday	Wednesday	Thursday	Friday

Parent 2 (Guardian) _____ Marital Status: Married ❑ Single ❑ Divorced ❑ Separated ❑

Address _____
Street City Zip Code

Home Phone _____ Cell Phone _____

Employer _____ Address _____ Work Phone _____

Working Days & Times	Monday	Tuesday	Wednesday	Thursday	Friday

Child resides with _____ # of persons in family_____

Beginning date desired:_____ Notice to current provider_____

☞ _____

Signature of Parent or Guardian **Date**

Part-time	**How did you hear about the Central Child Care?**
please indicate your flexibility of days ❑ days are not flexible ❑ days can be flexible ❑ days are flexible after my child starts	❑ **Phone Book** ❑ **Resource & Referral Service** ❑ **Internet** ❑ **Friend** ❑ **Other** _____