

Application for Child Care

Center: _____

Child/ren's Start Date: _____

Parent/Guardian #1:

Mr./Mrs./Ms. First Name Last Name

Address:

Street City State Zip Code

Employer/School:

Company/School Name City State

Contact #'s:

Primary Phone #1 Phone #2

Email Address:

Parent/Guardian #1:

Mr./Mrs./Ms. First Name Last Name

Address:

Street City State Zip Code

Employer/School:

Company/School Name City State

Contact #'s:

Primary Phone #1 Phone #2

Email Address:

Child(ren) live with:

_____ parent/guardian #1 _____ parent/guardian #2 _____ both

Child care is needed for the following children:

First Name Last Name D.O.B. Grade Program Requested

First Name Last Name D.O.B. Grade Program Requested

Signature of Parent/Guardian Date

Referred By: (please circle) internet School flyer Care LuLu individual: _____