



Application for Child Care

Child's name _____ Sex _____ Birth date _____

Address _____ City _____ Zip _____ Phone _____

Mother _____ Occupation _____

Place of Employment _____ Phone _____

Father _____ Occupation _____

Place of Employment _____ Phone _____

Emergency Contact Information:

If Parent or Guardian is unavailable, name of relative or friend to contact in case of an emergency:

Name _____ Relationship _____ Phone _____

Child's Physician _____ Phone _____

Address _____

Authorized to pick up child from Kidsabilities:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Child's starting date: _____

Child's schedule – please specify desired days, arrival time, and pick-up time. If desired days will vary, we require 2 weeks prior notification of your child's schedule

Table with 5 columns: Day (Monday-Friday) and 2 rows: IN, OUT

Meals will be provided as follows: Breakfast 7-8:15, Lunch 12:00, Snack 3:00. Please circle which meals your child will participate in.

Breakfast Lunch Snack

Siblings: Name _____ Age _____

Name _____ Age _____

Signature: _____ Date: _____