



# Application

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address:

\_\_\_\_\_

Child(ren) Name:	Potty Trained		Allergies/Special Needs(Please describe)
	Yes/no	Age	

Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Monthly Net (Must attach last 3 paystubs): \_\_\_\_\_

	Name	Phone Number
Reference 1:		
Reference 2:		

Where was the last place your child received child care?

---

---

Does your child have any hearing problems?

---

---

Does your child have any known learning disabilities?

---

---

Tell me about your sunshine(s):

\*(mandatory)List something I should know about your sunshine if he or she was in my care?

Favorite thing to do, favorite food, Pet peeve, Fun fact, favorite color, etc.

---

---