

APPLICATION FOR CHILDCARE SERVICES

Name of Child: _____ Birthday: _____ Male/Female: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Legal guardian #1: _____ Relationship: _____

Home address: _____

Home Phone: _____ Cell: _____

Place of Employment: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Business Hours: _____ Work number: _____

Parent/Legal guardian #2: _____ Relationship: _____

Home address: _____

Home Phone: _____ Cell: _____

Place of Employment: _____

Work Address: _____

City: _____ State: _____ Zip Code: _____

Business Hours: _____ Work number: _____

Composition of family: _____

Days/Hours when care is needed: _____

Has the child been in day care before? _____

Does your child need a special care plan? _____

If **yes** please download “**Client Special Care Form**”

NOTE: Transportation to and from Lindemuth Family Daycare and Preschool will be arranged by the parents or legal guardians of the child. Our program does not exclude children with special needs if we can provide a safe environment.