| Little KINGS & Queens Child care Application |
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| GUARDIAN Information |
| Mother/Guardian Name SS#: |
| Address: |
|  |
| City: | State: | ZIP Code: |
| Phone: | Work: | Cell: |
| Employment: | Address | Hours work |
| Father Name | Phone: | Work: |
| Cell: | Employment: | Hours work |
| Admission Information |
| Admission Date: How many children do you need child care for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CHILDREN NAME AGE BIRTHDAY SS# |
| 1st Child Name |  |
| 2nd Child Name |  |
| 3rd Child Name |  |
| 4th Child Name |  |
| Emergency Contact |
| NAME: |
| Address: | Phone: |
| City: | State: | ZIP Code: |
| Relationship: |
| TRANSPORTATION PLAN  |
| Do your Children need Transportation YES: NO: |
| DAYS OF TRANSPORTAION REQUESTED: M\_\_\_\_\_ T\_\_\_\_ W\_\_\_\_ T\_\_\_\_\_F\_\_\_\_\_ |
| Pre-K and up school Location  |
| School Name  |
|  Address Phone |
| Who may pick up my children |
| Name | Address | Phone |
| Name | Address | Phone |
| Name | Address | Phone |
| Name | Address  | Phone |
| Name | Address | Phone |
| who may (not) pick up my children |
| NAME | PHONE |
| NAME | PHONE |
| Mother/ Father /guardian Signatures  |
| signatures Date: |