| Little KINGS & Queens Child care Application | | | |
| --- | --- | --- | --- |
| 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: | | | |