

Childcare Application

Name of Child: _____
(Last) (First) (Nickname)

Sex: M ___ F ___ Birth Date: _____ Age: _____ Home Phone: _____

Address: _____
(Street) (City/State) (Zip)

Father's Name: _____ Social Security Number: _____

Father's Employment: _____ Work Phone: _____

Employer's Address: _____

Mother's Name: _____ Social Security Number: _____

Mother's Employment: _____ Work Phone: _____

Employer's Address: _____

Cell Phone(s): _____ Pager(s): _____
(Please indicate father/mother cell #)

Person(s) Authorized to Pick Up Your Child at The Gingerbread House Preschool and Childcare Center OR to call in case of Emergency or Sickness, After the Parents (Guardians) are Called:

<u>Name:</u>	<u>Address:</u>	<u>Phone:</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

UNDER NO CIRCUMSTANCES WILL A CHILD BE RELEASED TO ANYONE NOT AUTHORIZED BY THE PARENT OR GUARDIAN.

Parent's Signature _____ ***Date*** _____

A Non-Refundable Registration Fee of \$25.00 per family must accompany this Application.

I am applying for my child's admission to The Gingerbread House Preschool and Childcare Center for the following care:

_____ Infant _____ Toddler (18-36mos.) _____ 3 Year Old _____ 4 Year Old

For 3 and 4 Year-Old children only, please indicate: _____ Full Time _____ Part-Time M ___ Tu ___ W ___ Th ___ F ___
**2 day minimum for part time children