



The Gingerbread House Preschool and Child Care Center

Child Care Application

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

Sex: M ____ F ____ Due/Birth Date: _____ Age: _____

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

Parent 1:

Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____

Parent 2:

Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____

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

____ Full Time ____ Two Days (Tu/Th) ____ Three Days (M/W/F) ____ Four Days (_ M _ T _ W _ TH _ F)

Ideal start date/time frame: _____

Parent's Signature: _____ Date: _____