**K’S PRECIOUS CARE LEARNING CENTER APPLICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME OF CHILD:** | | **DATE OF BIRTH:** | |
| **CURRENT ADDRESS:** | **CITY:** | | **PHONE:** |
| **NAME OF PARENTS:** | | | |
| **EMAIL:** | | **PARENTS ARE: M D SP W S** | |

**EMPLOYMENT INFORMAITON**

|  |  |
| --- | --- |
| **MOTHER EMPLOYER/SCHOOL** | **HOURS:** |
| **FATHER EMPLOYER/SCHOOL** | **HOURS:** |

**CARE INFORMATION**

|  |  |
| --- | --- |
| **DATE CHLD CARE IS NEEDED: DATE CHILDCARE IS APPROVED TO BEGIN:** | |
| **PRIGRAM CHOICE: INFANT TODDLER PRE-K BEFORE/ AFTER SCHOOL EVENING SUMMER** | **HOURS NEEDED:** |
| **FULL TIME PART TIME SEASONAL** | **SUGGESTED PROGRAM** |

**PAYMENT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **HOW WILL YOU BE MAKING PAYMENT** | **CASH** | **DHS** | **OTHER** |

**OTHER INFORMATION**

|  |  |  |
| --- | --- | --- |
| **WILL YOUR CHILD PARTICIPATE IN FOOD PROGRAM: Y N** | | |
| **DOES YOUR CHILD HAVE FOOD ALLEGIES:** | **MILK PREFERENCE** | **PEANUT ALLERGY:** |
| **DOES YOUR CHILD HAVE SEASONAL ALLERGIES:** | **TYPE:** | **MEDICATION/TREATMENT:** |

**SIBLINGS/REFERRALS**

|  |  |  |
| --- | --- | --- |
| **NAME** | **AGE** | **SCHOOL** |
| **NAME** | **AGE** | **SCHOOL** |
| **NAME** | **AGE** | **SCHOOL** |
| **NAME** | **AGE** | **SCHOOL** |

**SIGNATURES**

**I REALIZE THIS IS A PRE-APPLICATION FOR K’S PRECIOUS CARE LEARNING CENTER AND IS NOT HELD ACCOUNTABLE TO PAY TO HOLD A SLOT IN CHILDCARE. I ALSO REALIZE THAT I WILL BE CALLED FOR AN INTERVIEW WHEN CONTACTED BY THE FACILITY.**

|  |  |
| --- | --- |
| **SIGNATUREE OF PARENT** | **DATE** |
| **SIGNATURE OF DIRECTOR** | **DATE** |