

**GOOD CHILD DEVELOPMENT CENTER
APPLICATION FOR ADMISSION**

STARTING DATE: _____

For your child's safety: Please inform us promptly of any changes in this information.

I agree to have on file at the Center immunization records and a current physical on the first day of enrollment.

We are licensed thru the Dept. of Public Health & they are requiring a copy of your child's Birth Certificate to be on file. Please hand in a copy of his/her birth certificate; it will be kept in a locked cabinet for security.

Child's Name: _____ Date of Birth _____ Sex _____

What does he/she prefer to be called (if different) _____

Address: Street: _____ Town: _____ Zip: _____

Home phone number: _____

Email Address: _____

Parent Name: _____ Birthday: _____

Employer's Name: _____ Work Phone Number: _____

Employer's Complete Address: _____

Parent Name: _____ Birthday: _____

Employer's Name: _____ Work Phone Number: _____

Employer's Complete Address: _____

If Parent is a student: Name of school: _____

Address: _____ Town _____ Zip _____

Days you attend: _____ Hours: _____

Marital status: _____ Parent(s) child resides with: _____

Number of children in home _____. Is child completely "Potty Trained"? _____

Brother's and Sister's names:

- 1. _____ Birth date _____ living at home _____
- 2. _____ Birth date _____ living at home _____
- 3. _____ Birth date _____ living at home _____

Other adults living at home: _____

If parents are divorced/separated: Parent **not** living with child.

Parent 1 _____ Parent 2 _____ Home address: _____ Town _____ Zip _____

Home number: _____

IN CASE YOU ARE UNABLE TO PICK UP YOUR CHILD FROM THE DAY CARE CENTER LIST ALL OF THE PEOPLE TO WHOM WE COULD RELEASE YOUR CHILD.

NAME	ADDRESS	PHONE NUMBER
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

PERSONS WHO MAY NOT TAKE YOUR CHILD FROM THE CENTER!

NAME(S)

Parent(s) Signature _____ Date _____