



Application

Days when care is needed? Circle: **Monday** Tuesday Wednesday Thursday Friday

Hours when care is needed: _____ Start Date _____

Child's name: _____

Birth date: _____ Age: _____ Circle one: Male Female

Child's name: _____

Birth date: _____ Age: _____ Circle one: Male Female

Child's name: _____

Birth date: _____ Age: _____ Circle one: Male Female

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Legal Guardian #1: _____

Home Address: _____

Phone (Home): _____ Cell: _____ Business: _____

Email: _____

Parent/Legal Guardian #2: _____

Home Address (If different from above): _____

Phone (Home): _____ Cell: _____ Business: _____

Email: _____

Legal Guardian's Signature: _____ Date: _____

For Childhood Center Director Use Only

Classroom: Growing Blue Skies Sunshine Parish House

Waiting List: Yes No Position: _____

Registration Fee: \$ _____ Cash or Check # _____

Enrollment Date: _____