



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 INFORMATION

MOTHER EMPLOYER/SCHOOL	HOURS:
FATHER EMPLOYER/SCHOOL	HOURS:

CARE INFORMATION

DATE CHILD CARE IS NEEDED:	DATE CHILDCARE IS APPROVED TO BEGIN:
PROGRAM 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
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OTHER INFORMATION

WILL YOUR CHILD PARTICIPATE IN FOOD PROGRAM: Y N		
DOES YOUR CHILD HAVE FOOD ALLERGIES:	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.

SIGNATURE OF PARENT	DATE
SIGNATURE OF DIRECTOR	DATE