

Office use only:

Date Received: _____

Received By: _____



Application for Child Care

Child's Full Name: _____

Child's Nickname: _____

Child's Birthdate: _____ Due Date if applicable: _____

Child lives with: MOTHER () FATHER () OTHER (): _____

Mother's Name: _____

Mother's Address: _____

Mother's Phone Number(s): _____ (home) _____ (cell)

Mother's Place of Employment: _____ Phone: _____

Father's Name: _____

Father's Address: _____

Father's Phone Number(s): _____ (home) _____ (cell)

Father's Place of Employment: _____ Phone: _____

Hours Needed for Care: _____

Start Date Requested: _____

A \$25 NON-REFUNDABLE application fee is required. If accepted to Little Lights Learning Center, the application fee will be applied towards your registration fee. Please submit the application fee to the Director, Jacqui Rice, or Assistant Director, Theresa Kelley. Thank you! ☺