

MT ZION FAMILY DAYCARE APPLICATION

Parent/Guardian Information

Application Date: _____

Mother/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Mother's SS#: _____

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Custodial Parent (If married, mark both parents) Father's SS#: _____

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Child Information

1st Child First Name: _____ M.I. ____ Last Name: _____

Name child prefers to be called: _____ Age : _____

Child's Address: _____

Gender: Male Female Date of Birth: _____ Child's S.S. #: _____

Photographs: May we take and maintain a photo of your child for security purposes? Yes No

Program Information

Check type of Monday thru Friday 7:00 am – 5:30pm Full Day Care

_____ Infant (6wks-18mos) _____ Toddler(18mos-36mos) _____ Preschool(3yrs-5yrs)

Check type of Monday thru Friday 7:00am – 12:00noon or 12:30pm-5:30pm Half Day Care

_____ School Age 7:00am-12noon(5yrs-11yrs) _____ School Age 12:30pm-5:30pm(5yrs-11yrs)

Requested Start Date for Care: _____

Signature:

Parent's Signature: _____ Date: _____

Thank You!