



### Child Care Application

Please fill out a separate application for each child

Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_ Requested start date \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's name \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Parent or guardian's name \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Source of tuition payment:  Parent(s)  DSHS/Government subsidy  Other: \_\_\_\_\_

**PROGRAM:**

**Toddler**  
12 months - 29 months

**Preschool**  
30 months - 5 years

**REQUESTED SCHEDULE TODDLER OR PRESCHOOL** (Indicate first and second choices of schedule)

First Choice

Extended day (9-12 hours)  Full day (3-9 hours)  Mornings (1-3 hours)  Afternoons (1-3 hours)

Mondays  Tuesdays  Wednesdays  Thursdays  Fridays

Hours desired \_\_\_\_\_ to \_\_\_\_\_

Second Choice

Extended day (9-12 hours)  Full day (3-9 hours)  Mornings (1-3 hours)  Afternoons (1-3 hours)

Mondays  Tuesdays  Wednesdays  Thursdays  Fridays

Hours desired \_\_\_\_\_ to \_\_\_\_\_

I understand that paying the \$50 application fee prioritizes my child's space on the waiting list at Peacock Family Center until there is an opening.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Center use:** Received by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Amt. received \_\_\_\_\_ Sib. App \_\_\_\_\_