

# INTAKE APPLICATION

Name of person(s) legally responsible for the account: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Full time care \_\_\_\_\_ Part time care \_\_\_\_\_

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Present Age: \_\_\_\_\_ Gender: M / F (circle)

Verification document: \_\_\_\_\_ (ie birth certificate)

Child's Home address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Email: \_\_\_\_\_

Other children in family:	Birth date:	Age:	Grade/School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I give consent for my child to be photographed for classroom and/or marketing purposes.

Yes \_\_\_\_\_ No \_\_\_\_\_

### Admission Policy

The center shall accept children who are one (1) year and walking through age twelve (12)/ or sixth grade. The center shall not admit or maintain any child whose needs is obviously cannot meet or whose behavior would be dangerous for other children in the center. There shall be no discrimination on the basis of race, color, religion, sex national origin, or disability.

\_\_\_\_\_  
Authorized parent/guardian signature

\_\_\_\_\_  
Date