



Tiny Treasures Childcare Application for Admission

Child's Name : _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth : ____/____/____ Place of Birth: _____ Gender: _____

Marital status of parents (*circle*): Married Divorced Single Together, not married

Father/ Guardian's Name: _____

Phone (*mobile/cell*) : _____

Phone (*home, if applicable*) : _____ Phone (*work*) : _____

Address: _____ City/State: _____

Employer's name and address: _____

_____ Hours: _____

Father's e-mail address: _____ @ _____

Mother / Guardian's Name: _____

Phone (*mobile/cell*): _____

Phone (*home, if applicable*): _____ Phone (*work*) : _____

Address: _____ City/State: _____

Employer's name and address: _____

_____ Hours: _____

Mother's e-mail address: _____ @ _____

Child's Physician's Name _____

Address _____ Phone _____

Emergency Contacts (other than Parents/Guardians):

1. _____
Name Address Phone

Relationship to child: _____

authorized to pick-up child? YES no

2. _____
Name Address Phone

Relationship to child: _____

authorized to pick-up child? YES no

3. _____
Name Address Phone

Relationship to child: _____

authorized to pick-up child? YES no

Session Days (circle): **Monday Tuesday Wednesday Thursday Friday**

Hours (approximate) : _____

Parent / Guardian Signature

Date

OFFICE USE ONLY:

Admission Date _____

Registration Fee: One time \$75.00 NON-REFUNDABLE _____ PAID Check# _____

Sheet & Pillow Fee: One time \$20.00 (Daycare Children ONLY) _____ PAID Check# _____

Director Signature _____

Discharge Date _____ Reason _____