



# Tiny Treasures Childcare

## Application for Admission

Child's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Marital status of parents \_\_\_\_\_

Parent e-mail address \_\_\_\_\_ @ \_\_\_\_\_

Father / Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Employer's name and Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_ Hours \_\_\_\_\_

Mother / Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Employer's name and Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_ Hours \_\_\_\_\_

Child's Physician's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact (other than parent / guardian)

1. \_\_\_\_\_  
Name Address Phone

2. \_\_\_\_\_  
Name Address Phone

Persons authorized to pick child up from school:

1. \_\_\_\_\_  
Name    Address    Phone

*Relationship to child:* \_\_\_\_\_

2. \_\_\_\_\_  
Name    Address    Phone

*Relationship to child:* \_\_\_\_\_

3. \_\_\_\_\_  
Name    Address    Phone

*Relationship to child:* \_\_\_\_\_

Session Days \_\_\_\_\_

Hours \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

<p><i>OFFICE USE ONLY:</i></p> <p><i>Admission Date</i> _____</p> <p><i>Registration Fee: One time \$75.00    NON-REFUNDABLE    _____ PAID    Check# _____</i></p> <p><i>Sheet &amp; Pillow Fee: One time \$20.00    (Daycare Children ONLY)    _____ PAID    Check# _____</i></p> <p><i>Director Signature</i> _____</p> <p><i>Discharge Date</i> _____ <i>Reason</i> _____</p>
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