CONTACT INFORMATION: Name:	Daycare Program - Room 1 Daycare Program - R	Room 2 Daycare Pro	ogram - Room 3 School Age Ca	re Program	
E-mail Address:	•				
Telephone (home) Telephone (cell) E-mail Address: OTHER INFORMATION: Days of Care Needed: Monday Tuesday Wednesday Thursday Friday Desired Start Date: Desired Drop-off time: Desired Pick-up time: Child's Name: (first) Month/Day/Year Desired Pick-up time: (first) Month/day/year Does your child receive any community services? (ex. Kinsight, Spirit of the Children, speed therapy, etc.) Yes No (please circle) If yes, please describe: Is your child toilet trained? Yes No In progress Any other information you would like to share?	Date:				
Telephone (cell)	CONTACT INFORMATION:				
E-mail Address:OTHER INFORMATION: Days of Care Needed:	Name:	Telephone	e (home)		
OTHER INFORMATION: Days of Care Needed: Monday Tuesday Wednesday Thursday Friday (please circle) Desired Start Date:		Telephone (cell)			
Days of Care Needed: (please circle) Desired Start Date:	E-mail Address:			_	
Desired Start Date: Desired Drop-off time: Desired Drop-off time: Desired Pick-up time: Child's Name: (first) Date of Birth: Month/day/year Does your child receive any community services? (ex. Kinsight, Spirit of the Children, speed therapy, etc.) Yes No (please circle) If yes, please describe: Is your child toilet trained? Yes No In progress Any other information you would like to share?	OTHER INFORMATION:				
Desired Drop-off time: Desired Pick-up time: Child's Name: Gender: male female (please circle) Date of Birth: Month/day/year Does your child receive any community services? (ex. Kinsight, Spirit of the Children, speed therapy, etc.) Yes No (please circle) If yes, please describe: Is your child toilet trained? Yes No In progress Any other information you would like to share?		sday Wednesday	Thursday Friday		
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If yes, please describe: Is your child toilet trained? Any other information you would like to share?	Does your child receive any communi	nity services? (ex.	Kinsight, Spirit of the Ch	ildren, speech	
Is your child toilet trained? Any other information you would like to share?					
Any other information you would like to share?	If yes , please describe:				
	Is your child toilet trained?	Yes No	In progress		
Where did you hear about us?	Any other information you would like	to share?		_	
	Where did you hear about us?			_	

For school age care, what school does your child/will your child attend?