

Little Friends Early Learning and Child Care Center

Application

Contact Information:

Child's name: _____

Child's age: _____ Child's birth date: _____

Parent/Guardian name: _____

Address: _____ Home phone: _____

Work phone: _____ Other: _____

Parent/Guardian name: _____

Address: _____ Home phone: _____

Work phone: _____ Other: _____

Other members of household: _____

Today's Date: _____

Days/hours child care will be needed: _____

Have you been pleased with previous child-care placement? _____

How did you hear about Little Friends? _____

What do you hope your child will gain from Little Friends? _____

Please comment on any special needs your child may have: _____

What other information you would like us to know about your child

(favorite toys or activities, personality traits, etc.): _____