



Child Care Application

Date: _____

Child's Name and Birthdate: _____

Parents/Guardians Names: _____

Home Address: _____

Home Phone: _____

Alternate phone numbers: _____

Email: _____

What date care is needed: _____

Days and hours of care needed: _____

If a spot is unavailable, do you wish to be placed on our waiting list for call back? Yes ____ No ____

It is helpful to know what type of child care a child is leaving when enrolling at this center. Please check the type of care below that would best describe the child's most recent child care experience:

_____ Child Care Center

_____ Family Child Care Provider

_____ Family Member

_____ Headstart

_____ Home care by Parent/Guardian

How long has this type of care been provided? _____

How did you hear about us? _____

Please list your child's strengths and goals you and your child have set for this year:

Use this space to include any other important information that you would like to share about your family:

Thank you your interest in Grover Place Child Care! We look forward to working with you and your child to help discover that which they are most passionate. This begins the journey to engage them in actively doing to nourish their brain and sense of self.