STUDENT APPLICATION FORM

STUDENT INFORMATION

Name		Sex	Age	
Last	First	Middle		
			MI	
Address	•		Zip Code	
Home Phone # ()		•		
Date of Birth	Plac	e of Birth	O':	
With whom does studen Father or Legal Guardian				
Name		Occupation_		
Employer	SS#	Driver's L	icense #	_
Work Phone ()	Cell ((
Marital Status: Married		_ Divorced Otl	her	
Name		Occupation_		
Employer	SS#	Driver's L	icense #	_
Work Phone ()	Cell ((
Marital Status: Married	Separated	Divorced Otl	her	
The Michigan Department the contract based on the	nired of all licent of Consumer ar terms provided	sed childcare cent nd Industry Servic in the contract.	es is required to inspect	the Michigan Administrative code. the child care center and enforce s for the following named child(ren):
Leapin' Lizards, as a licens as required by R 400.5105 displayed in our cubby roo of Michigan.	b. Please refer t m and review ea	cility will provide to the rules stated ach rule listed belo	in the Licensing Rules to ow. We follow all guidel	of the Michigan Administrative code for Child Care Centers booklet, ines and rules as set by the State
R 400.8110 Licensee R 400.8340 Food service Upon signing this agreeme by all of the provisions con In witness whereof, the par	es and nutrition nt, the parent, l tained in this co	n; provided by pa legal guardian, or ontract.	responsible adult and the	he childcare facility agrees to abide
Parent, Legal Guardian, or	Responsible Ad	lult	Name of Facility:	Leapin' Lizards
Signature		_	Signature	
Printed Name		_	Printed Name	
Relationship to Chil	ld (ren)	_	Title	
Date Signed		_	Date Signed	