



For Office Use Only	
Application Fee Paid	
Date	Initials

St. Ann's Child Care Center Application

Date of application: _____ Date of admission: _____

Child's (Children's) Name(s)	Sex	Birthdate	Ethnicity
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Home Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Who is child's Legal Guardian? _____

Mother's Name: _____ Cell #: _____

Email Address (PLEASE PRINT): _____

Mother's Employer: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Work Hours _____ to _____ Occupation: _____

Father's Name: _____ Cell #: _____

Email Address (PLEASE PRINT): _____

Father's Employer: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Work Hours _____ to _____ Occupation: _____

In an emergency call: _____ Telephone: _____

Relationship: _____

Has your child previously attended a child care center? _____ Yes _____ No

If yes, where and for how long? _____

Members of household and their relationship:

How did you hear about St. Ann's? _____

Parent's Signature