

Varenes Heights Child Development Center Application Form

DATE: _____

Please indicate the class and days you would like your child to attend?

- 5 Days Full Childcare per week (Nursery - 4K)
- 3 Days Full Childcare per week (2K - 4K)
- 5 Mornings Preschool Only (2K - 4K)
(8:30 a.m. - 12:00 p.m. includes lunch)
- 3 Mornings Preschool Only (2K - 3K)
(8:30 a.m. - 12:00 p.m. includes lunch)



Child's Full Legal Name: _____ AGE: _____

Address: _____

Home Phone: _____ Birthdate: _____ Requested Start Date: _____

Father's Full Legal Name: _____

Employed By: _____ Work Phone #: _____

Cell Phone #: _____ Home Phone #: _____

Mother's Full Legal Name: _____

Employed By: _____ Work Phone #: _____

Cell Phone #: _____ Home Phone #: _____

Marital Status of Parents: () Married () Separated () Divorced () Other _____

Person Having Custody of Child: _____

Name and ages of brothers and sisters living in the home: _____

If parents cannot be reached, please list two emergency contacts for your child/children:

1. Name: _____ Phone: _____

Address: _____ Relation: _____

2. Name: _____ Phone: _____

Address: _____ Relation: _____

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Name of people authorized to pick up your child/children besides parents: (Driver License or Picture ID is required in order to pickup child for those other than parent)

Name : _____ Phone #: _____

Name : _____ Phone #: _____

Name : _____ Phone #: _____

Name : _____ Phone #: _____

Name : _____ Phone #: _____

Please list any important facts that we should know about your child: _____

_____ (initial) I understand that a **non-refundable** registration fee must accompany this application.

Parent's Signature: _____