

Daycare Application Form

Child's Name_____

Child's DOB_____ Current Age_____

Address_____

Mothers Name_____

Fathers Name_____

Preferred start Date_____

Days/Hours requested;

Monday	Tuesday	Wednes	Thursday	Friday
In:	In:	In:	In:	In:
Out:	Out:	Out:	Out:	Out:

Additional information we should know about your child;

Parents/Guardians signature_____

Date of application_____

*Completion of this form does not guarantee a place at Lots of Love Child Care.
Your child's name will be placed on a waiting list and you will be informed when
a place becomes available*

