



Magic Memories

CHILD DEVELOPMENT CENTER

APPLICATION FOR CHILD CARE SERVICES

Date: _____

Name of Child(ren): _____

Date(s) of Birth: _____

Care Needed By: _____

Schedule (Circle One): Full Time Part Time- M, W, F Part Time- T, TH

Primary Parent: _____ Telephone: _____

Primary Parent's Home Address: _____

E-mail Address: _____

Primary Parent's Business (Name and Address)

_____ Telephone: _____

Secondary Parent: _____ Telephone: _____

Secondary Parent's Home Address: _____

Secondary Parent's Business (Name and Address)

_____ Telephone: _____

Are you the biological parent or legal guardian of the child you are enrolling? _____

Any special medical or dietary information necessary for management in an emergency situation?

Do you give permission for medical information (allergies) to be posted in the kitchen and classrooms?

Signature of parent or guardian: _____ Date: _____



"Creating bright futures!"

