

God's Little Ones Daycare Application

God's Little Ones Daycare
3086 Biglerville Road
Biglerville, PA 17307
717-597-9214

<http://jirehindependentbaptistchurch.com/daycare>

All the information received in this application will be kept strictly confidential.

- Please enclose a check for \$25.00 with this application.
- In order to have a complete application, please also sign and date the last page of the Parent Handbook after reading it and attach to this application. The Handbook can be found at the website or you may request one by calling the phone number above.
- Return all materials to the daycare center at the address listed above.

Parent/Guardian Name(s): _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) - _____

Work Phone: (_____) - _____

Cellular Phone: (_____) - _____

E-mail Address: _____

Child's Name: _____

Child's Age: _____

(if more than 1 child will be enrolled, add additional names and ages on the other side of application)

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Desired Start Date: _____
(e.g. 09/05/2011)

Expected End Date: _____
(If you will be enrolling a child for a specified time period, please let us know the expected end date here)

Expected Enrollment Schedule: <i>(circle one)</i>	Full-time	Part-time									
Fee schedule is copied below for reference:											
<table border="1" style="margin: auto; border-collapse: collapse;"><thead><tr><th style="padding: 5px;">Fee Schedule</th><th style="padding: 5px;">Per Day</th><th style="padding: 5px;">Per Week</th></tr></thead><tbody><tr><td style="padding: 5px;">Entire Day - Cost</td><td style="padding: 5px; text-align: center;">\$30.00</td><td style="padding: 5px; text-align: center;">\$125.00</td></tr><tr><td style="padding: 5px;">Half Day – Cost</td><td style="padding: 5px; text-align: center;">\$20.00</td><td style="padding: 5px; text-align: center;">\$65.00</td></tr></tbody></table>			Fee Schedule	Per Day	Per Week	Entire Day - Cost	\$30.00	\$125.00	Half Day – Cost	\$20.00	\$65.00
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Half Day – Cost	\$20.00	\$65.00									

Please let us know if your child has any allergies (food or otherwise) that would be important for us to know. If none, leave blank.

Allergies: _____

If there is anything else that you think we should know, please detail below. Feel free to give us a call or e-mail via the website listed above if you have any questions or concerns.

Additional Information: _____
