

Application for ChildCare – Mary's Quality ChildCare, Mary Maurer

Parent's Name (s): _____

Home Address: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email:** _____

Emergency Contacts (list 2):

1. _____

2. _____

Child's Doctor, specialist: _____

Interests, likes and dislikes: _____

Allergies? Please specify: _____

Medications, special treatments? Please specify: _____

Please include any instructions on discipline, feeding, naps, toilet training, etc. :

Other people who may pick up your child. (Must have ID or/or be introduced)

Parents Signatures: _____

Date: ____/____/____

How did you find out about our services?

Website ____ Referral ____ Newspaper ad ____ Flyer or brochure ____ Other ____

<p><i>For Office Use</i></p> <p>This application has been: Accepted ____ Denied ____</p> <p>Weekly Rate (subject to change with 1 month notice): _____</p> <p>Method of Payment: _____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">Please attach to agreement form</p>
