

CHILD CARE APPLICATION

A non-refundable \$50 registration fee must accompany this form.

CHILD'S NAME _____

BIRTHDATE _____ AGE _____ MALE _____ FEMALE _____

PARENT 1 NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ OTHER _____

EMAIL ADDRESS _____

EMPLOYER _____ OCCUPATION _____

PARENT 2 NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ OTHER _____

EMAIL ADDRESS _____

EMPLOYER _____ OCCUPATION _____

DESIRED DATE OF ENTRY _____

PRIORITY STATUS (check any that apply)

- _____ NBCC Staff
- _____ NBCC Sibling
- _____ NBUMC Church Member

Parent's Signature _____

Date _____

North Broadway Children's Center is a non-profit program that enrolls all children regardless of race, faith, creed, disability, or national origin. NBCC is a Title XX and Champion of Children Fund provider.

FOR OFFICE USE ONLY

Date application received _____

Date of Entry _____

Received by _____

Group _____

I/C _____

Registration fee _____