



## CHILD CARE APPLICATION

A non-refundable \$30 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)

- \_\_\_\_\_ Staff
- \_\_\_\_\_ Sibling
- \_\_\_\_\_ 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.

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### FOR OFFICE USE ONLY

Date application received \_\_\_\_\_

Date of Entry \_\_\_\_\_

Received by \_\_\_\_\_

Group \_\_\_\_\_

I/C \_\_\_\_\_

Registration fee \_\_\_\_\_

