

## Prospective Student Information

Now accepting applications for our new childcare program in our infant classroom. This early learning center will be a licensed Better Beginnings site. This form has been designed to provide essential information at this time. Our partner will be contacting you directly to discuss our childcare enrollment options upon receipt of this application.

**PLEASE PRINT**

Person Completing this form: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ M  F

SSN: \_\_\_\_\_

Nickname or name child routinely goes by: \_\_\_\_\_

Home Address: \_\_\_\_\_  
 Street

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
 City                                      State                      Zip

Guardian	Home #	Work #	Cell	Email
Mother				
Father				
Other				

Caregiver Contact Information: Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_