

Application for Admission

Please Print							
Child Informatio	<u>n</u>						
Child Name	 Last	First		 МІ			
Address:							
Home phone		DOB	Male/ Female				
Does your child have any allergies, medical conditions or diet restrictions or on special medication (Please inform in details):							
Family Informati	on:						
1. Full Name :-	Last	First	MI				
Relation to Child	d:						
Address:							
Home Phone:		Work & Cell No	:				
Can ail.							

2.	Full Name:			
		Last	First	MI
Relat	tion to Child:			
Addr	ess:			
Hom	e Phone:		Work & Cell No:	
Emai	il:			
<u>Admi</u>	ission Procedure	<u>2</u>		
Little	Application for guardians. Registration (Copy of child Immunization Emergency of Child's Pre-action Drop off and ducklings is a particular control of the co	Non refundable is birth certificate and Health for ontact forms. dmission intervipick up time.	ms completed by child's PCP.	on the basis of race,
	nave read and agission & Contrac		ms and policies of Little ducklings F	Family Child Care
 Pare	 nt/ guardian nar	ne (print)	Parent/guardian Signature	 Date
 Pare	 nt/ guardian nar	ne (print)	Parent/guardian Signature	 Date