

Date Received: _____

Application Fee: _____

Application for Rise Child Care

Child's Name: _____ Male Female D.O.B.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone #: _____

Mother's Name: _____

Employer: _____ Work Telephone #: _____

Father's Name: _____

Employer: _____ Work Telephone #: _____

Siblings Names and Ages: _____

Looking for:

- Full Time Care
- Part Time Care (Please choose from one of the following options.)
 - Monday, Wednesday, Friday
 - Tuesday, Thursday
 - Would consider either of the above

Start Date for Child Care: _____

How did you hear about this child care program? _____

Please jot down a few things that will help us to know your child: _____

Parent Signature

Date

Please Note: An application fee of \$5.00 must accompany this form. The application will not be complete until we receive the fee.