

Application for Denise Guerin's Family Child Care

Child's Name: _____ Date of Birth: _____
M__ F__

Days of Choice: (minimum of two days each week)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Parent/Guardian's Name:

Address: _____

Occupation: _____

Phone#: _____

Email: _____

Parent/Guardian's Name:

Address: _____

Occupation: _____

Phone#: _____

Email: _____

Has child had group play experience? _____

Where?

How did you hear about Denise Guerin's Family Child Care

Please mail us your Application Form, a \$35 non-refundable application fee, and a photo of your child.

Please note, submitting an Application Form, does not guarantee enrollment into Denise Guerin's Family Child Care. Your child's name will be put on our waiting list, and you will be notified regarding the status of your application. We will contact you for a site visit as soon as a date becomes available.

Thank you for your interest in Denise Guerin's Family Child Care.