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CHILD DEVELOPMENT CENTER

PRE-APPLICATION FORM

DATE _____

PARENT NAME _____

PARENT NAME _____

MAILING ADDRESS _____ APT# _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ CELL/OTHER : _____

NAMES OF CHILDREN NEEDING CARE:

_____ D/O/B _____

_____ D/O/B _____

_____ D/O/B _____

DAYS OF CARE NEEDED _____

HOURS OF CARE NEEDED _____

ANTICIPATED START DATE _____

ARE YOU CURRENTLY RECEIVING PUBLIC ASSISTANCE _____

ARE YOU CURRENTLY: **WORKING** ___ **IN SCHOOL** ___ **IN TRAINING PROGRAM** ___

REFERRAL SOURCE: _____

COMMENTS: _____

