



Abundant Life

LEARNING CENTER

Please return this document and a \$150 non-refundable application fee to our Learning Center office.

Child's Name: Date of Birth:

Please list your childcare needs by arrival and pickup time:

Day(s) of the Week	Arrival/Drop Off Time	Pick Up Time
Monday	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>

Requesting start date:

Mother:

Father:

Address:

Town/State/ZIP:

Best Contact Phone Number:

Email:

Child Allergies:

Best describes your child's toileting habits:

- training hasn't started just started trained w/ frequent accidents
 trained w/ infrequent accidents completely trained

Has your child ever attended the Learning Center or another child care program and/or day care? Yes No If Yes, How long?

Please describe your child's social skills/abilities:

What else should we know about your child?

For office use only:

Application Date: Start Date: Application Fee Check#/Cash:

Parent Handbook Agreement Returned

Waiver of Liability Returned