

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

Please list your childcare needs by arrival and pickup time: Day(s) of the Week	Child's Name: Date of Birth:				
Day(s) of the Week	Please list your childran poods by arrival and pickup time:				
Monday Tuesday Wednesday Thursday Friday Requesting start date: Mother: 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?					
Tuesday Wednesday Thursday Friday 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?	5 ()	7 (111Val) B10P 01		THE CONTINUE	
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