

THE SALVATION ARMY DAY CARE SERVICES
Application for Child Care & Early Education Services

Date: _____

Child's Information:

Child's Name: _____ DOB: _____

Age: _____ Male: _____ Female: _____

Ethnicity:

- | | |
|----------------------------------|-----------------------------|
| 1. ___ Asian or Pacific Islander | 5. ___ Native American |
| 2. ___ Bi-Racial | 6. ___ Other |
| 3. ___ Black (Not Hispanic) | 7. ___ White (Not Hispanic) |
| 4. ___ Hispanic | |

Address: _____

Phone Number _____

Caregiver/Parent Information:

Caregiver/Mother's Name: _____

Employer/School Name: _____

Employer/School/Daytime Phone Number: _____

Employer/School Schedule: _____

Caregiver/Father's Name: _____

Employer/School Name: _____

Employer/School/Daytime Phone Number: _____

Employer/School Schedule: _____

THE SALVATION ARMY DAY CARE SERVICES
Application for Child Care & Early Education Services

Hours Child Requires Care:

Mon _____ - _____ Tues _____ - _____ Wed _____ - _____
Thurs _____ - _____ Fri _____ - _____

List All Household Members

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent's Signature: _____

Date: _____