



The Gingerbread House Preschool and Child Care Center

*Child Care Application*

Name of Child : \_\_\_\_\_  
(Last) (First) (Nickname)

Sex: M \_\_\_ F \_\_\_ Due/Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City/State) (Zip)

*Parent 1:*

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*Parent 2:*

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**A Non-Refundable Registration Fee of \$50.00 per family must accompany this application.**

I am applying for my child's admission to The Gingerbread House Preschool and Childcare Center for the following care:

\_\_\_ Infant \_\_\_ Toddler (18-36mos.) \_\_\_ 3-Year-Old \_\_\_ 4-Year-Old

\_\_\_ Full Time \_\_\_ Two Days (Tu/Th) \_\_\_ Three Days (M/W/F) \_\_\_ Four Days (\_\_\_M\_\_\_T\_\_\_W\_\_\_TH\_\_\_F)

**Ideal start date/time frame:** \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_