



# LEAP FROG LEARNING & DAYCARE CENTER CHILD APPLICATION

## APPLICANT INFORMATION

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Child Currently Lives With:		
Male    Female <i>(Please circle)</i>	Age:	Legal custodial agreement or decree? Y / N
Allergies:		

## MOTHER/LEGAL GUARDIAN NAME INFORMATION

Name:		
Current address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Other form of contact:
Current employer:		
Employer address:		
City:	State:	ZIP Code:

## FATHER/LEGAL GUARDIAN NAME INFORMATION

Name:		
Current address:		
City:	State:	ZIP Code:
Phone:	E-mail:	Other form of contact:
Current employer:		
Employer address:		
City:	State:	ZIP Code:

## EMERGENCY CONTACTS

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		
Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

## CARE NEEDED

Hours of Care Needed:
Days Needed:
Expectations of our Program:

## SIGNATURE

Parent Signature:	Date:
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A NON-REFUNDABLE ENROLLMENT FEE OF \$25.00 IS DUE WITH THE FIRST TUITION PAYMENT AT TIME OF ENROLLMENT