

**Joyce's Daycare**  
**\*~\*~\*~\* Little Stars Early Learning \*~\*~\*~\***  
Lic#304201008

**Application for Admission to Daycare**

- Child's Full Name: \_\_\_\_\_
- Age: \_\_\_\_\_ Birth Date \_\_\_\_\_
- Nick Name/s: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

- Father's Name: \_\_\_\_\_
- Place of Employment: \_\_\_\_\_
- Address \_\_\_\_\_
- City: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_
- Cellular Phone: \_\_\_\_\_ CDL# \_\_\_\_\_
- Email: \_\_\_\_\_

- Mother's Name: \_\_\_\_\_
- Place of Employment: \_\_\_\_\_
- Address: \_\_\_\_\_
- City: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_
- Cellular Phone: \_\_\_\_\_ CDL# \_\_\_\_\_
- Email: \_\_\_\_\_

- To help me understand your child's home life a little better please answer the following:

- Marital Status of child's parents: \_\_\_\_\_

- Children in Family and Ages:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Any other family members living in the home and relationship to child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Religion Child's Family Practices: \_\_\_\_\_

Children are sometimes curious about religion and discuss it amongst themselves. To assist your child in these situations it is helpful to know what religion your family practices. Religion will not be taught to children at daycare. My family does celebrate Christian holidays, and decorates for them.

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**Emergency List**

Please give names and signatures of all persons authorized to pick up your child from daycare.

Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_  
Signature \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_  
Signature \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_  
Signature \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_  
Signature \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_  
Signature \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_  
Signature \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_  
Signature \_\_\_\_\_

These numbers will only be used in the event of an emergency, unexpected illness, and in the event that you are more than a half hour late after business hours in picking up your child. These people will only be contacted with the concerns of the health and welfare of your child.