

Application for Alysen's Playroom

Today's Date: ____/____/____

Name of Parent/Guardian: _____

Name of Parent/Guardian: _____

How many children do you have? _____

Child's Name: _____

DOB: ____/____/____

Child's Name: _____

DOB: ____/____/____

Child's Name: _____

DOB: ____/____/____

Child's Name: _____

DOB: ____/____/____

Child's Name: _____

DOB: ____/____/____

Select the days you would want your child/children cared for:

There are 3 options to choose from: Mark with an 'X'

2 days (Tuesday/Thursday) 3 days (Monday/Wednesday/Friday) 5 days (Monday - Friday)

Monday	Tuesday	Wednesday	Thursday	Friday

How long do you wish to have care for your child? Circle one:

2-6 months 6-12 months 1-2 years 2 or more years

Will you have transportation for your child if they need to be picked up on short notice? _____

Will it be easy to get in contact with the parent/guardian on a regular basis? _____

What do you expect for your child here? _____
