



Tiny Treasures Childcare

Application for Admission

Child's Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Date of Birth ____/____/____ Place of Birth _____ Sex _____

Marital status of parents _____

Father / Guardian's Name _____

Address _____ Phone _____

Employer's name and Address _____

_____ Phone _____ Hours _____

Mother / Guardian's Name _____

Address _____ Phone _____

Employer's name and Address _____

_____ Phone _____ Hours _____

Child's Physician's Name _____

Address _____ Phone _____

Emergency Contact other than the parent / guardian

1. _____
Name Address Phone

2. _____
Name Address Phone

(over)

