



DATE _____

NAME _____

CHILD'S NAME _____ BIRTH DATE _____

ADDRESS _____

PHONE _____

CELL PHONE _____

HOURS REQUIRED; MONDAY _____

TUESDAY _____

WEDNESDAY _____

THURSDAY _____

FRIDAY _____

NOTES; e.g health, dietary, cultural, etc

Where heard about North Haven Child Care & Education Centre

Friends

Web Site

Yellow pages/phone book

Other