



# FULL TIME CHILD CARE APPLICATION

A non-refundable \$50 registration fee must accompany this form.

CHILD'S NAME \_\_\_\_\_

BIRTHDATE/DUE DATE \_\_\_\_\_ AGE \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

PARENT 1 NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ OTHER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

PARENT 2 NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ OTHER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ OCCUPATION \_\_\_\_\_

DESIRED DATE OF ENTRY \_\_\_\_\_

PRIORITY STATUS (check any that apply)

- \_\_\_\_\_ NBCC Staff
- \_\_\_\_\_ NBCC Sibling
- \_\_\_\_\_ NBCC Part Time Program
- \_\_\_\_\_ NBUMC Church Member

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

North Broadway Children's Center is a non-profit program that enrolls all children regardless of race, faith, creed, disability, or national origin. NBCC is a Title XX and Champion of Children Fund provider.

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### FOR OFFICE USE ONLY

Date application received \_\_\_\_\_

Date of Entry \_\_\_\_\_

Received by \_\_\_\_\_

Group \_\_\_\_\_

Registration fee \_\_\_\_\_

I/C \_\_\_\_\_



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