



Requested Start Date / ID#

Child's File

Parent's Name: _____

Child's Name: _____ Requested Start Date: _____ Part / Full Time
Part Time Schedule
 A.M. (6:30 a.m. - 12:30 p.m.) P.M. (12:00 p.m. - 6:00 p.m.)
 Days Requested: Monday Tuesday Wednesday Thursday Friday

Child's Name: _____ Requested Start Date: _____ Part / Full Time
Part Time Schedule
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Child's Name: _____ Requested Start Date: _____ Part / Full Time
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Please tell us how you heard about the The Learning Connection Child Development Center

Drive By Van Flyer News Ad Friend/Relative Current Customer Web Site

Other: _____

Please note that your ID # for entry into the building and checking your child in and out will be the last 4 digits of your social security number. If you wish to change this ID #, please tell us what you would like to change it to below.

Old ID #: _____ New ID #: _____

Signature: _____ Date: _____