



## APPLICATION

Child's name: \_\_\_\_\_

Nickname, if used: \_\_\_\_\_

Gender:                    male                    female

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### **Family Information:**

**Father's Name:** \_\_\_\_\_

Address (if different than child's) \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

**Mother's Information:** \_\_\_\_\_

Address (if different than child's) \_\_\_\_\_

Work # \_\_\_\_\_ Cell# \_\_\_\_\_

Others in household (please list names and relationship)

\_\_\_\_\_

To help us better serve your child, please list any special need your child may have (allergies, special educational needs, fears...)

Please list any special talent or hobby that a family member would be interested in sharing.

\_\_\_\_\_

**EMERGENCY CONTACTS:**

Parent's daytime phone numbers (include cell phones as appropriate)

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Family member, friend, and/or Daycare provider:

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor's: \_\_\_\_\_ Phone \_\_\_\_\_

*In case of an ambulance emergency, we will call 9-1-1*

**Program desired (please circle):**

**2 days \$70/week      or pay in full per month \$290**

**3 days \$105/week      or pay in full per month \$400**

**5 days \$155/week      or pay in full per month \$610**

**A deposit equal to one week's tuition is due with this application. This deposit is nonrefundable, but will be applies to your first tuition payment.** Tuition payments are due on the first day of the week your child attends. If paying monthly, payment is due on the 1<sup>st</sup> of each month to receive discount. We offer a 5% per child multi-child discount.

Make checks payable to: **FIRSTKIDS**

Financial aid is available based on need. Contact the director for more information.

FirstKids will not discriminate based on race, religion, or nationality.

I give permission for my child to participate in neighborhood walking trips that may take place off the premises of FirstKids Children's Learning Center under the guidance of the staff.

Signature of Parent or Guardian

\_\_\_\_\_  
Date: \_\_\_\_\_