

government street baptist child development center

“Serving the Lord by serving families He has blessed our ministry with.”

Date of Application: _____

Circle One: Infant 1yr 2yr 3yr

Parent's Information

Mom's Name: _____ Dad's Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home: _____ Mom's Cell: _____ Mom's Work: _____

Dad's Cell: _____ Dad's Work: _____

Child's Information

Child's Name: _____

Date of Birth: ____/____/____ or Due Date: ____/____/____

Potty Trained: _____ Date Child Care Needed: _____

Child's Name: _____

Date of Birth: ____/____/____ or Due Date: ____/____/____

Potty Trained: _____ Date Child Care Needed: _____

For Office Use Only

Date Accepted: _____

Room Number: _____ Teacher: _____