MILLCREEK CHILDREN'S CENTER

Child's Name _____ M_____ F_____
First Middle Last

Address _____ Home Phone _____
Street City Zip
Cell Phone _____

Email Address _____

Date of Birth _____ City of Birth _____ Child's Soc. Sec. # _____

Child resides with _____ Soc. Sec. # _____
Name

Employer _____ Phone _____ Schedule _____
M T W TH F

Kind of Work you do there _____

Enrolled at _____ Phone _____ Schedule _____
M T W TH F

Father's Name _____ Address _____ Phone _____

Gross monthly Income $_____ Head of Household M_____ F_____ Marital Status _____

Medical Coverage Provider, Subscriber's Name (if Applicable) _____

Medicaid Case Number _____ Child's Recipient # _____

Total Family Size _____ Ages of other children in household _____

Persons to call in an emergency / authorized to pick up my child:

Name	Address	Relationship	Phone
Name	Address	Relationship	Phone
Name	Address	Relationship	Phone
Name	Address	Relationship	Phone

Please indicate: YES or NO

_____ I GIVE MY PERMISSION TO HAVE MY CHILD PHOTOGRAPHED IN REGULAR SCHOOL ACTIVITIES

_____ I GIVE PERMISSION TO HAVE MY CHILD'S PICTURE IN THE NEWSPAPER OR ON TV IN REGULAR SCHOOL ACTIVITIES

Signature of Parent/guardian _____ Date _____

Who referred you to our center? _____ First day at the center _____
Staff taking application _____

What daycare has your child attended? _____