



UNITED PLANNING ORGANIZATION
Office of Child and Family Development
CHILD CARE APPLICATION

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Child's Last Name First Name Middle Name Date of Birth

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Category Program Code Center Name Center Code

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Address City State Zip Code

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Telephone Home # Telephone Work # Telephone Message

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Health Insurance Race Language

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Parent/Legal Guardian Last Name First Name Date of Birth

Parental Status One: Two: Family Size: Num-in Household:

Emergency Contact: (other than parent)

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Last Name First Name Address City State Telephone #

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Last Name First Name Address City State Telephone #

Pediatrician: _____ Telephone: _____

Dentist: _____ Telephone: _____

I the undersigned so solemnly swear that the information given is true in the best of my knowledge. If proven false, services will be terminated immediately.

Parent Signature Date

Staff Signature Date