

The rhythms of daily life form a foundation for our care of the children. Information about your child's daily habits would be helpful to us in this planning.

Please describe your child's eating habits.

Please describe your child's sleep habits.

Please describe where your child is in relationship to independent toileting.

The program is designed primarily for parents needing full time care. There are a very limited number of 3 day openings. Priority will be given to full time applicants.

- | | | |
|---|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Full Time Care | <input type="checkbox"/> 3 Day Option | <input type="checkbox"/> M, T, W |
| | | or |
| | | <input type="checkbox"/> W, T, F |

Desired Start Date for Childcare _____

Parent's Signature

Date

An application fee of \$75 must accompany this form to begin the enrollment process.

