



Application – for August 1st through May 31st

Applicant Name: _____

Home Address: _____

City _____ Zip _____

Email: _____

Phone: _____

Home

Cell

Other

Child lives with? ___ Both Parents ___ Father ___ Mother ___ Other: _____

	CHILD'S FULL NAME	DATE OF BIRTH	AGE	Office use only. Classroom
1				
2				
3				

DAYS OF CARE PREFERENCE – Choose an option.

Mondays, Wednesdays	
Tuesdays, Thursdays	
Mondays, Wednesdays, Fridays	
Mondays, Tuesdays, Wednesdays, Thursdays	
Mondays, Tuesdays, Wednesdays, Thursdays, Fridays	

HOURS OF CARE OPTION – Choose a preference.

Part Day: Mornings	7:30 am -12:00 pm	
Part Day: Afternoons	1:30 pm – 5:30 pm	
Full Day: Up to 8 hours during	7:30 am – 5:30 pm	
Full Day: Over 8 hours during	7:30 am – 5:30 pm	

_____ NVC Employee _____ NVC Student _____ Community

Signature: _____ Print Name: _____

Date: _____