

# Egenolf Early Childhood Center

## Request For Child Care – Preliminary Summer Program Application

NAME OF PARENT/ GUARDIAN: \_\_\_\_\_  
Last First M.I

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: HOME \_\_\_\_\_ WORK \_\_\_\_\_

CELL \_\_\_\_\_

NAME OF CHILD TO BE ENROLLED:

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
LAST FIRST

HOW DID YOU HEAR ABOUT EGENOLF? ( ) A FRIEND ( ) A CO-WORKER

( ) A RELATIVE ( ) YELLOW PAGES ( ) OTHER \_\_\_\_\_

CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE