



APPLICATION FOR ADMISSION

First Name _____ Last Name _____

Nickname _____ Date of Birth ____/____/____ Age _____ Gender Female Male

Admission ____ of 20 ____ Current School or Daycare _____

Program applying for:

Full Day Morning only Afternoon only

Is this the first time you have submitted an application? Yes No

Does this applicant have a relative who has attended or is attending HBD? Yes No

Name of relative _____ Relationship _____

Name of relative _____ Relationship _____

If you were referred to us by someone, please provide the person's name: _____

Please complete the following section for each Parent/Guardian.

Parent/Guardian 1: Mr. Mrs. Ms. Dr.

Name _____ Relationship _____

Street Address _____

City, State, Zip _____

Home Phone () _____ Cell () _____

Email _____

Employer _____ Position/Title _____

Employer Address _____

Employer Phone () _____

Parent/Guardian 2: Mr. Mrs. Ms. Dr.

Name _____ Relationship _____

Street Address _____

City, State, Zip _____

(If different from parent/guardian1)

Home Phone () _____ Cell () _____

Email _____

Employer _____ Position/Title _____

Employer Address _____

Employer Phone () _____

Siblings: Name _____ Age _____
Name _____ Age _____
Name _____ Age _____

Optional Applicant Information:

Citizenship: U.S. Citizen/Permanent Resident International - Country of Origin: _____
Ethnicity: Caucasian African American Latino Pacific Islander Native American
 Asian - Country of Origin: _____
 Multi-Racial: _____

Primary language spoken at home: _____ Secondary language spoken at home: _____

Optional Parent/Guardian Information:

Marital Status: Married Divorced Separated Single Parent Life Companions Widow(er)

Is there anything in particular you would like us to know about your child? If yes, please explain:

Are there any special issues (allergies, medical, physical, emotional, family life, educational, social) in your child's history that we should know about? Yes No If yes, please explain: _____

I/We understand that Happa Baby Daycare may not have an immediate opening for our child at this time and that by submitting this application, we will be added on HBD's waiting list to be considered when a space becomes available in the future.

Enclosed with this application is the non-refundable application fee of \$50.00.

Parent/Guardian 1 Signature _____ Date _____

Parent/Guardian 2 Signature _____ Date _____

Happa Baby Daycare does not discriminate in admission, administration of its educational policies and employment practices on the basis of race, color, national or ethnic origin, sex, sexual orientation, marital status, or status as a qualified handicapped individual.