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Portland, OR 97212
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Village Child Care LLC

3508 N Michigan
Portland, OR 97227

Application for Enrollment

Name of child: _____ Nickname: _____

DOB: _____ Potty trained? ____ Y ____ N

Name of child: _____ Nickname: _____

DOB: _____ Potty trained? ____ Y ____ N

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DOB: _____ Potty trained? ____ Y ____ N

Mother's name: _____ Home Ph: _____

Home address: _____

Employer: _____ Wk Phone: _____

Hours at work: _____ Cell Ph: _____ Pager: _____

Father's name: _____ Home Ph: _____

Home address: _____

Employer: _____ Wk Phone: _____

Hours at work: _____ Cell Ph: _____ Pager: _____

I, _____ (parent/guardian), wish to enroll _____
In the child care program for the following schedule:

Date you wish to start _____

Days of the week: _____ Hours: _____

Qualified for subsidy? ____ yes ____ no Name of Subsidy _____

Amt of Subsidy (monthly): _____ Amt my responsibility: _____

Enclosed is the enrollment fee (non-refundable if my child is accepted).

Parent Guardian (printed name) : _____

Signature: _____ Date: _____