

PLEASE PRINT



415 St. Mark Ct.
Peoria, IL 61603
(309) 671-5153
Fax: 671-5157
mymethodist.net/employees/childcarecenter

| |
|--|
| Office Use: Received ____/____/____ Classroom _____ Start Date _____ |
|--|

A P P L I C A T I O N

Child's Name _____ Sex of Child: M / F
Last First Middle

Mailing Address _____
Street

City Zip Home Phone # _____

Due Date ___/___/___ **or** Child's Birthday ___/___/___ Potty Trained: Yes / No

PARENT(S) OR OTHER PERSON(S) PLACING THE CHILD:

| | |
|---------------------------|---------------------------|
| Name _____ | Name _____ |
| Relation to child _____ | Relation to child _____ |
| Place of employment _____ | Place of employment _____ |
| _____ | _____ |
| Department _____ | Department _____ |
| Phone # _____ | Phone # _____ |
| Working hours _____ | Working hours _____ |
| e-mail _____ | e-mail _____ |

Marital Status of Parents: ___ married ___ separated ___ divorced ___ single

Will you be receiving child care subsidy assistance? Yes / No
(If yes, you must be a MMCI employee.)

Desired Start Date _____ (If unsure, please estimate)

CARE NEEDED: (circle) Monday Tuesday Wednesday Thursday Friday

o r will Vary _____ days per week.
(number)

Usual drop-off time: _____ Usual pick-up time: _____

Signature of applying **parent/guardian** and MMCI I.D.# if applicable:

Signature _____ I.D. # _____