



Child's Name \_\_\_\_\_









Home Tel #



## RASCALS DAYCARE CENTER Application For Admission

Home Address			_
Sex: D.O.B			
Mother's Name		Soc. Sec #	_
Employer	EMAIL A	ddress	
Work Hours			
Address			
Occupation	Work #	Cell#	_
Father's Name		Soc Sec #	_
Employer	Work #	Cell#	
Address			
Occupation	EMAIL Address		
Name of Person who is applying	for Child		
require the tuition paid in cas DAYS. NO REFUNDS will be a \$100.00 non-refundable registroffer a 15% sibling discount. A written request with 2 weeks refunded to you within 30 days up after closing (6:30pm). The	h along with a \$25.00 fee. given for illness, vacation, or ration fee and a 1 week to fter your child has attended notice and your security a from your last day at Rast fee is as follows; \$15.00 for Care Center reserves the reserves the reserves the reserves to the reserves to the reserves the reserves to the reserve	will be subject to a \$25.00 fee. Returned chec PAYMENT IS REQUIRED FOR ANY ABSENT or snow days. Enrollment of the child requires uition security fee which is non-refundable. It for 4 weeks you can withdraw your child with will be refunded. This security deposit will scals. There is a late charge for any child pick for the first fifteen minutes and a \$1.00 for earight to terminate this contract if any fees are not both parties to do so.	NT s a We h a be ded

Parent's Signature \_\_\_\_\_\_ Date\_\_\_\_\_