



A is for Apple

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Application

Enrolling Child(ren)

1. Child Name	DOB
2. Child Name	DOB
3. Child Name	DOB

Parental Information

Mothers Name

Driver's License #

Home Address

City

State

Zip

Home Phone () -

Work Phone () -

Name of Employer:

Work Hours:

Fathers Name

Driver's License #

Home Address

City

State

Zip

Home Phone () -

Work Phone () -

Name of Employer:

Work Hours:

Enrolling Parent

MOTHER

FATHER

GUARDIAN

General Care Information

Preferred Beginning Date

Days Care Needed M T W Th F

Approximate Arrival Time

Approximate Departure Time

Type Of Care Desired FULL TIME PART TIME

General Questions

- 1. Can you provide current shot records for your child(ren) ? YES NO
- 2. Do you currently, or plan to, receive assistance from DSS ? YES NO

Specific Child Needs

Please list any relevant items. (I.e. toileting, religious, sleeping habits, allergies)

Prior DayCare Providers

Please list most recent providers first.

Provider Name	City	Phone	Contact ?
1.			
2.			
3.			
4.			

Enrolling Parent Signature

Date

Please Do Not Write Below This Line – A is for Apple Use Only.

Child Enrolled ?	YES	NO		
If No, give reason :				
Date Enrolled :		DSS Assistance ?	YES	NO
		Shot Records ?	YES	NO
Multi Child ?	YES	NO	Child Referred ?	YES No