



# Little Apple Daycare Application Form

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First Name	Middle Name	Last Name	Preferred Name
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Date of Birth	Preferred Start Date	Gender	Primary Language
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## Parent/Guardian 1 Information

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Name	Relationship
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Home Address	City	State	Zip
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Company Name	Occupation
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Company Address	City	State	Zip
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Primary Phone (cell/home/work)	Secondary Phone (cell/home/work)	E-mail
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## Parent/Guardian 2 Information

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Name	Relationship
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Home Address	City	State	Zip
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Company Name	Occupation
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Company Address	City	State	Zip
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Primary Phone (cell/home/work)    Secondary Phone (cell/home/work)    E-mail  
**Siblings**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current School \_\_\_\_\_

Please feel free to include any information about your family that you think is important for us to know:

How do you hear about Little Apple Daycare?

**Program Option** (please circle)

5 Days Program (7:00am – 6:00pm)

Part time Program (7:00am – 6:00pm) 2, 3, 4 Days/week (circle) M T W Th F

**Additional Information**

Child's Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Allergies/Special Diets? \_\_\_\_\_

Individual Health Plan for child with a chronic health condition? If yes, please attach.

Special limitations or concerns?

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I wish to apply for the enrollment in the Little Apple Daycare. I understand and agree that any information gathered by the Admissions Office in connection with this application shall be strictly confidential and shall not be disclosed to anyone. I certify that the information presented with this application is accurate, complete, and accurately presented.

After this form is returned, your child will be considered for enrollment to the school. A \$50 non-refundable application fee must accompany this application.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please return this enrollment form, application fee and deposit to:

Little Apple Daycare  
4 Butterfield Road  
Saugus, MA 01906

Please contact us with any questions at: Telephone: 617-319-8967  
Email: [LittleAppleDaycare88@gmail.com](mailto:LittleAppleDaycare88@gmail.com)