**Application Form for LITTLE-IQ's Creche**

**Personal Information:**

* **Child's Full Name:**
* Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Date of Birth:**
* Day: \_\_\_\_\_\_\_ Month: \_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_
* **Gender:**
* ☐ Male ☐ Female ☐ Other
* **Home Address:**
* Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Parent/Guardian Information:**
* a. **Mother/Guardian:**
* Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* b. **Father/Guardian:**
* Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Emergency Contact:**
* Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Information:**

* **Medical Conditions or Allergies:**
* Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Current Medications:**
* Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Immunization Record:**
* Date of Last Immunization: \_\_\_\_\_\_\_

**Additional Information:**

* **Preferred Start Date:**
* Day: \_\_\_\_\_\_\_ Month: \_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_
* **Days and Times Required:**
* Monday: \_\_\_\_\_\_\_ Tuesday: \_\_\_\_\_\_\_
* Wednesday: \_\_\_\_\_\_\_ Thursday: \_\_\_\_\_\_\_
* Friday: \_\_\_\_\_\_\_
* **How did you hear about us?**
* ☐ Referral ☐ Online Search ☐ Advertisement ☐ Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration:**

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that any false information may result in the rejection of my child's application.

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**