

Victoria's Learning Academy

Date _____

Child's age _____

Child's Birthday _____ Nickname _____

Address _____

Contact Info:

Mom's name _____

Dad's name _____

(Mother) Home Phone _____

(Mother) Work Phone _____

(Mother) Cell Phone _____

(Father) Home Phone _____

(Father) Work Phone _____

(Father) Cell Phone _____

Emergency Contact Person _____

Contact's phone _____

Emergency Contact Person _____

Contact's phone _____

Do you have a backup care provider? _____

Service Info:

Beginning date needing care _____

Hours: Monday _____ Tuesday _____

Wednesday _____ Thursday _____ Friday _____

Saturday _____ Sunday _____

Times you plan to drop your child off _____

Times you plan to pick up your child _____