

# Application for Enrollment

Putnam County Schools  
Employee Childcare Program  
**2018-2019**

Child's Name \_\_\_\_\_  
First Middle Last

Name Child is called \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

I am interested in enrolling my child for:

- Full Time** Monday-Friday
- Part Time** Mon, Wed, Fri or Tues, Thursday  
(please circle one of the above)

First day child care is needed \_\_\_\_\_



Thank you for applying for child care at our center. We will notify you as soon as we have an opening for your child. Please note that a new application must be completed each school year to ensure that your child's name remains on the waiting list.

Received: \_\_\_\_\_