

Legacy Learning Center

Childcare Application

Name of Child _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Name _____ Phone _____

Parent/Guardian Name _____ Phone _____

Please indicate the days of the week you anticipate needing childcare. Note that different weekly childcare rates apply for full time (4/5 days each week) and part time (3 days or less).

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____

After your application is received, you will be contacted by the director. Availability of childcare is not guaranteed. You may be placed on a "waitlist" and then notified as openings become available. If an opening that meets your child's requirements becomes available, the director will arrange a tour of the facility, a contract consultation, and a meeting with the room staff/leader in charge of the care for your child.

A non-refundable tuition deposit and an annual supply fee will be required at the time of the contract consultation to secure a childcare opening in Legacy Learning Center.

Please call the childcare facility at (812) 254-2443 with any questions or concerns.

Office Use Only:

Date & Initials of Staff receiving application: _____

Enrollment Start Date: _____

____ **Paid Supply Fee/Tuition Deposit**

Cash Amount _____ **Check Amount** _____ **Check #** _____