

Admission Priority No. _____

Date of Application _____



SOUTH OF MARKET CHILD CARE, INC.

790 Folsom Street

San Francisco, CA 94107

Telephone : 415-820-3500 Fax : 415-820-3501

A) Name of Parent/Guardian:

B) Name of Parent/Guardian:

Last First

Last First

Address:

Address: (if different)

Street

Street

City Zip Code

City Zip Code

Telephone:

Telephone (if different)

Home: _____ Work: _____

Home: _____ Work: _____

Cell phone: _____

Cell phone: _____

email: _____

email: _____

Child (ren) applying for:

Name of the Child (ren)	Time (Hrs/days of the week)	Birth date	Sex	Ethnicity
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employment information:

A) Parent/Guardian:

Name of Employer Address Phone

B) Parent/Guardian:

Name of Employer Address Phone

Training/School Information:

A) Parent/Guardian:

Name of School Address Phone

B) Parent/Guardian:

Name of School Address Phone

If you are applying for subsidized Child Care, please ask Front Desk person for CEL application.

All immunizations must be up to date before a child can be admitted.