



South of Market Child Care, Inc.
 790 Folsom Street
 San Francisco, California 94107

Telephone: 415.820.3500
 Fax: 415.820.3501

Admission Priority No. _____
Date of Application _____

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

If you are applying for subsidized child care, please ask our front desk person for a CEL application.

A) Name of parent/guardian

Last _____
 First _____

Address

Street _____
 City, ZIP Code _____

Telephone

Home _____
 Mobile _____
 Work _____
 Email _____

Employment information

Name of Employer _____
 Address _____
 Phone _____

Training/school information

Name of school _____
 Address _____
 Phone _____

B) Name of parent/guardian

Last _____
 First _____

Address

Street _____
 City, ZIP Code _____

Telephone

Home (if different) _____
 Mobile _____
 Work _____
 Email _____

Employment information

Name of Employer _____
 Address _____
 Phone _____

Training/school information

Name of school _____
 Address _____
 Phone _____

Child/children applying for:

Name _____
 Hrs/days of the week _____
 Birth date _____
 Sex _____
 Ethnicity _____

1 2 3 4

Please attach a \$50.00 application fee with your application . Thank you.