

# Altoona Family Child Care Center

## Child Application

Use this application to inquire about availability in the Center. Following your submittal of this form, you will be entered into the AFCCC's applicant list.

Please note that submittal of this application does not assure your child's enrollment.

**I understand that my submittal of this application does not assure enrollment and that I will be contacted by a center representative to finalize my child's registration.**

Application	
Application Date:	
Child's First Name	
Child's Last Name	
Child's birthdate or expected due date	
Child's Gender <i>(optional)</i>	<input type="radio"/> Male <input type="radio"/> Female
Desired Start Date	
If parents/guardians are separated, please list custodial parent first.	
Parent/Guardian First Name	
Parent/Guardian Last Name	
Relationship to Child(ren)	
Street Address	
City	
State	
Zip	
Home Phone	
Work Phone	
E-mail Address	

**Application**

**Parent/Guardian Last Name**

**Relationship to Child(ren)**

**Street Address**

**City**

**State**

**Zip**

**Home Phone**

**Work Phone**

**E-mail Address**

**Additional Information**

**Please note any additional comments or information about your child:**

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**If you were referred to us by another parent of a child enrolled in our programs, please let us know their full name here:**

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**(We'd like to show our appreciation with \$20 off their next invoice)**

**Parent Signature** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

ALTOONA FAMILY CHILD CARE CENTER LLC  
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