

Office use only:

Name of staff if referring: _____

PlayWorks Child Center Application

Please indicate the days and times requested for child care, allowing for driving time:

Monday – Times requested _____

Tuesday- Times requested _____

Wednesday- Times requested _____

Thursday- Times requested _____

Friday- Times requested _____

Requested start date _____

Child's complete name _____ Date of birth _____

Address _____ Home Phone _____

Applicant's Name (Parent/Guardian) _____

Address _____

Email _____ Cell Phone/other contact phone _____

Employer _____ phone _____

Is parent a student or in a training program (such as *Learning Together*)? Y___ N___

If yes, where? _____

Parental Signature(s) _____ Today's Date _____

Return to:

Director, PlayWorks Child Center, 2 Main St. North Springfield, VT 05150
(802) 886-5242