

Millennium Child Development Center
3442 Browns Valley Road
Vacaville, Ca 95688

Application for Child Care
Lic #'s: #483008401, #483008402, #483008403

Today's Date: _____ Start Date: _____

Child's Information

Child's Name: _____ Sex: _____ Birth Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Age: Years: _____ Months: _____

Parent Information

Parent Name: _____ Parent Name: _____
Phone: Home _____ Phone: Home _____
Work _____ Cell _____ Work _____ Cell _____
Email: _____ Email: _____
Occupation: _____ Occupation: _____

Program Requests

Please circle your preferred schedule on the attached Program and Pricing Sheet.

3-day Program, please list preferred days off**

My 1st preference for days off would be _____

My 2nd preference for days off would be _____

My 3rd preference for days off would be _____

3-day option is subject to limited availability

Your selected and confirmed days off will remain consistent regardless of school holidays or personal schedule changes.

Advance notice and "Request for Drop-In" Form are required for extra days of childcare.
Morning drop-off time will be from 6:30 to 9:00 am.

Parent Signature: _____ Date: _____
(Parent, individually, and as agent for Additional Family listed above)