

**Sugar Plums Child Development Center
APPLICATION FORM***

Application Date: _____ Desired Start Date: _____

Child's Name: _____
Last First Middle Nickname

Address: _____

Date of Birth: _____ Age: _____

PARENT INFORMATION

Parent #1:

Name: _____ Employer: _____

Business Address: _____

Home Phone: _____ Office Phone: _____

Cell Phone: _____ E-mail: _____

Parent #2: Name: _____ Employer: _____

Business Address: _____

Home Phone: _____ Office Phone: _____

Cell Phone: _____ E-mail: _____

*** Office Use ****

Date Received: _____ Received by: _____

Payment Amount: _____ K check # _____ K cash

** A \$100.00 **non refundable** wait list fee is required for your name to be on the wait list at Sugar Plums.