

MCC Child Care Application

Child Information

Child Name: _____

Birthdate/Age: _____

Address: _____

Food Intake (Breastmilk, Formula, Baby Food, Table Foods, Allergies, other): _____

Parent Information

Name(s): _____

Occupation(s): _____

Intended Start Date: _____

Phone Number & E-mail: _____

Please indicate which days and approximate times your child will need care.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Morning (7-11)					
Afternoon (11-3)					
Afterschool (3-6)					

MCC or Divine Mercy Parish Affiliation: Yes/No Enrolled in MCC Preschool: Yes/No

Other Church/School/Community Affiliation: _____

Additional Information: _____