

Learning Partners Child Center

Application Form

Hours of Operation: Monday - Friday, 7:00 am to 5:00 pm

Please indicate the days and times requested for child care services:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Date: _____ Starting Date: _____

Child's complete name: _____ Birthday: _____

Address: _____

Mother's Name: _____

Address: _____

High School Student? _____ Where: _____ Phone: _____

Adult Student? _____ Where? _____ Phone: _____

Employer: _____ Phone: _____

Father's Name: _____

Address: _____

High School Student? _____ Where: _____ Phone: _____

Adult Student? _____ Where? _____ Phone: _____

Employer: _____

Please return this form with the application fee of \$15.00.

(If your child is not accepted into the program, this fee will be refunded.)

Please return to:

Learning Partners Child Center

307 South Street

Springfield, VT 05156

802-885-8380