

Millennium Child Development Center

Application for Child Care

Lic# 483008401, 483008402, 483008403
483009228, 483008636, 483008635

3442 Browns Valley Road
Vacaville, CA 95688
707-452-0113

1520 N. Lincoln Street
Dixon, CA 95620
707-693-6710

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:

Monday Tuesday Wednesday Thursday Friday

The 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 a "Request for Drop-In" Form is required for extra days of childcare. Morning drop-off time will be from 7:30 to 9:00 am.

I/We understand tuition is due the first day of each month. I/We agree to pay the following fees: a deposit of \$500, paid upon acceptance into the program, which will be applied to my last month's tuition. A non-refund yearly registration fee of \$175.00 (\$250 per family with 2 or more children).

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

Date: _____