

# Millennium Child Development Center

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

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

## Application for Child Care

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.

Morning drop-off time will be from 7:30 am 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, family \$250.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or guardian)