



CHILD AND FAMILY SERVICES
SMART START Child Care Center

Application for Child Care

Name of Child:

Date of Birth:

Home Address:

Phone Number:

Mother's Name

Father's Name:

Home Address:
(if different than child's)

Home Address:
(if different than child's)

Phone:

Phone:

Workplace
Name and Address:

Workplace
Name and Address:

Work Phone:

Work Phone:

PO Box 1360
86 Tandberg Trail
Windham, Maine 04062
207-893-0386
www.smartcfs.org



Cell Phone:

Cell Phone:

Emergency Contact (list at least two with names, addresses and phone numbers:

Person(s) allowed to pick up child (photo identification will be required)

Known allergies (please include any known food allergies):

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Medications taken regularly (please see enclosed policies and procedures for additional information)

Health Concerns:

Developmental Concerns:

Child Likes/Dislikes:

Additional Information:

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I/We, _____, parent(s) and/or legal guardian(s)
of _____ wish to enroll him/her into the child
care program at SMART START Child Care Center, Windham, Maine.
I/We will complete all paperwork and financial obligations necessary for
enrollment and agree to abide by all policies and procedures of the agency
and its child care program.

Dated:

Parent/Legal Guardian Signature

Parent/Legal Guardian Signature

Accepted by Director:

Date:

Date of enrollment:

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