



Meerkat's Morning Out Application

(Please print clearly)

Child's Name _____ Nickname _____

Male / Female _____ DOB (must be 18 months to start) _____

Home Address: Street _____

City _____ Zip Code _____

Parent #1 Name _____

Occupation _____ Cell Phone _____

Email _____

Parent #2 Name _____

Occupation _____ Cell Phone _____

Email _____

Number of Days you would like your child to attend: 1 2 3 4 5

Day(s) You Would Like Your Child to Attend: (Circle all those that apply.) Application does not guarantee you your choice of days. The Director will notify you as to the availability of your choice of days.

Monday Tuesday Wednesday Thursday Friday

Additional comments or preferences _____

Emergency Contacts (someone local other than the child's parents)

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Meerkat's Morning Out Application (con't)

Name and Ages of Siblings: _____

Has anyone in your family attended the co-op? _____

Are you a member of Wallingford Presbyterian Church? Yes / No

Has your child been part of any other play group/school or been with sitters before? Where?

What are you child's likes and dislikes? _____

How did you hear about us? _____

To help us best serve the needs of your child, please indicated any special needs your child may have:

Does your child have an IEP or receive services of any kind? Yes No

If yes, please describe _____

Does your child have any allergies or physical limitations? Please list _____

For Office Use Only

Date Application received: _____

Registration deposit received: Y/N? _____ Date: _____ Check # _____

Tuition deposit received: Y/N? _____ Date: _____ Check # _____