

# UNION HOSPITAL CHILD DEVELOPMENT PROGRAM

## General Application

Today's Date \_\_\_\_\_ Requested Enrollment Date \_\_\_\_\_

Child's Name \_\_\_\_\_ (circle) Boy / Girl

Child's date of birth/Due Date \_\_\_\_\_ Current age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Child Lives with: Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Father/Guardian \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Department \_\_\_\_\_ Shift \_\_\_\_\_ Department \_\_\_\_\_ Shift \_\_\_\_\_

Phone: Work \_\_\_\_\_ Phone: Work \_\_\_\_\_

Cell \_\_\_\_\_ Cell \_\_\_\_\_

Home \_\_\_\_\_ Home \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are parents the legal guardians? Yes/No, explain \_\_\_\_\_

What type of care do you need? Full time \_\_\_\_\_ Hours? \_\_\_\_\_ Drop in \_\_\_\_\_

Has your child attended child care previously? Yes / No Where? \_\_\_\_\_

Other siblings:

Name: \_\_\_\_\_ Birth date \_\_\_\_\_ Need enrolled? Y / N

Name: \_\_\_\_\_ Birth date \_\_\_\_\_ Need enrolled? Y / N

**Return completed application to:**  
**Union Hospital Child Development Center**  
**1729 North Sixth Street**  
**Terre Haute, IN 47804**

*This facility is operated in accordance with  
U.S. Department of Agriculture policy, which  
prohibits discrimination on the basis of race,  
color, sex, age, special needs, religion, or national origin.*

*This application is valid for one year.*