

HAPPY HANDS CHILD CARE REQUEST FORM

TODAY'S DAY: _____

Child's name: _____

Parent #1: _____

Parent #2: _____

Address: _____

Email: _____

Phone (home) _____

(work) _____ (cell) _____

Child's birthdate _____

Date child needs to start _____

What days of care are needed? _____

What hours of care are needed? _____

Names of any other child care programs your child has attended

Where did you hear about us

For Office use only

Date/time of first call: _____

Date/time of first Visit: _____

Referral name _____

Placement? Y N

Start date _____

Slot: P V PCDC DCF

Notes: _____
