

# tinygiants

1748 Clay Street San Francisco, CA 94109 (415) 359-9499 info@tinygiantsf.com

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Sex: \_\_\_\_\_

Parents' Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

## What services are you applying for?

\_\_\_\_ Infant/Toddler Daycare, *Tiny Giants, Too!*

\*ideal start date: \_\_\_\_\_ Part-time or Full- Time (*circle one*)

\* please specify desired days for care: \_\_\_\_\_

\_\_\_\_ Preschool, *Tiny Giants Preschool*

\_\_\_\_ 2 year old preschool program, Fall of 201\_\_\_\_

\_\_\_\_ 3 year old preschool program, Fall of 201\_\_\_\_

\_\_\_\_ Pre-Kindergarten program, Fall of 2\_\_\_\_

Indicate here if you require daycare in addition to preschool **Yes/No**

Please specify days needed: \_\_\_\_\_

Who has been the child's primary caregiver to date? \_\_\_\_\_

List all the names of people living in the child's household: \_\_\_\_\_

How did you find out about Tiny Giants Daycare and Preschool?

Are there any health or safety issues concerning the child?

*For statistical purposes ONLY: (not required):*

What is the child's ethnic background? \_\_\_\_\_

What is the religious preference of the family? \_\_\_\_\_

**\*ENCLOSED IS A \$100.00 APPLICATION FEE. I UNDERSTAND THAT THIS APPLICATION DOES NOT GUARANTEE ENROLLMENT.**

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only:

Application Fee Paid: \_\_\_\_\_

Attended Tour: yes/ no

Application Accepted: \_\_\_\_\_

Date: \_\_\_\_\_

Notes: