

# BAYSIDE BUNDLES OF JOY

## PARENT/ GUARDIAN INFORMATION

### CHILD CARE APPLICANT

Parent/Guardian Name:

Email:	Mobile:	Home:
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Current address:

City:	State:	ZIP Code:
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Child Name:	Date of Birth :	Date of Acceptance:
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Child Name:	Date of Birth :	Date of Acceptance:
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Child Name:	Date of Birth :	Date of Acceptance:
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### EMPLOYMENT INFORMATION

Current employer:

Employer address:	
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Phone:	Ext.:	Fax:
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City:	State:	ZIP Code:
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Position:	Years employed:	
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### SPOUSE INFORMATION

Name:

Email:	Mobile:	Home:
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### SPOUSE EMPLOYMENT

Current employer:

Employer address:	
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Phone:	Ext.:	Fax:
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City:	State:	ZIP Code:
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Position:	Years employed:	
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### PERMISSION TO PICK UP ACCESS MY CHILD

Name:	Relationship:
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Name :	Relationship:
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Name:	Relationship:
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Name :	Relationship:
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Name:	Relationship:
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Print Name :	
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Signature of Parent / Guardian:	Date:
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Print Name :	
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Signature of Parent / Guardian :	Date:
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