

St. Vincent Child Care Services



Child Care Service Application Form

Entire form must be completed to be placed on waitlist

St. Vincent Associate Name _____ Home Phone # _____

Dept./Entity _____ Dept./Entity Phone # _____

Address _____

City _____ State _____ Zip _____

Name of other parent _____

Place of employment _____

Child's Full Name _____ Male _____ Female _____

Due Date _____ or Date of Birth _____

Child's address same as above or:

Address _____

City _____ State _____ Zip _____

How many days will your child attend the center? 4 5 Drop In

(Children under 2 years old are required to pay for 5 days)

Which days will your child attend? M T W TR F

Center is open Monday-Friday, 5:45 AM – 6:30 PM.

Names of other children attending center: _____

Projected starting date _____

Parent's Employee ID #

Parent's Signature

Date of application

Date received (office use)

Please return form to:
La Petite Academy
800 St. Mary's Dr.
Evansville, IN 47714
or fax to 485-7255