



Infant, Toddler & Preschool Program
299 Dolores Street (at 16th)
San Francisco, CA 94103
Tel: 415.861.5361
Fax: 415. 861.8926
intake@holyfamilydayhome.org
License #380500308
License #384000975

Application for Enrollment Potential Program: _____

***** Please PRINT CLEARLY. All questions must be answered IN FULL for your application to be processed. Thank you*****

Please maintain your address, phone number, e-mail and monthly income up to date with Holy Family Day Home – certain changes may affect your eligibility and you may lose a potential spot if we are unable to contact you.

Date: _____

Applying for: **Infant/Toddler Program** **Preschool Program**

By what date do you need childcare? _____

Child #1 Applicant's Name _____	Date of Birth or Due Date: _____	Sex: _____
Child #2 Applicant's Name _____	Date of Birth or Due Date: _____	Sex: _____
Child #3 Applicant's Name _____	Date of Birth or Due Date: _____	Sex: _____
Child #4 Applicant's Name _____	Date of Birth or Due Date: _____	Sex: _____

(If you are applying before the birth of your child, please follow up when your child is born with the exact birth date and gender)

PARENT/GUARDIAN #1:

Name _____ Relationship to Child _____

Street/Mailing Addresses _____

City/State _____ Zip Code _____

Home Phone (_____) _____ Email Address _____

Cell/Pager (_____) _____

Primary Language _____

PARENT/GUARDIAN #1 WORK AND/OR SCHOOL INFORMATION: Employment Training

Name of Employer/School _____

Employer/School Phone (_____) _____ Extension _____

Employer/School Hours _____ to _____ Days (please circle): M T W Th F

PARENT/GUARDIAN #2:

Name _____ Relationship to Child _____

Street/Mailing Addresses _____

City/State _____ Zip Code _____

Home Phone (_____) _____ Email Address _____

DEPOSIT:

Upon enrollment, a deposit and registration/field trip charge is required in order to hold your child's spot. The deposit will be applied to your first month's tuition. Please note that the **deposit is NON-REFUNDABLE, no exceptions.** The deposit does not apply for some subsidized contracts.

Signature: _____ **Date:** _____

I affirm to the best of my knowledge and belief, that the above information is accurate as stated. I understand that this information may be subject to review by the State of California.

Signature: _____ **Date:** _____

FOR HFDH USE ONLY:

- Application received.
Date _____ By _____
- Income verification received.
Date _____ By _____
- Employment/Training verification received.
Date _____ By _____
- Two (2) recent pay stubs for all adults in household received.
Date _____ By _____
- Entered into HFDH database.
Date _____ By _____
- Entered into CEL database.
Date _____ By _____

Contact Info Notes:

