

HAPPY BEGINNINGS CHILDCARE PROGRAM APPLICATION FOR ADMISSION

☐ Germantown Location

☐ Gaithersburg Location

**Please note only full-time spots are available. Program does not provide part time care.*

Date of application _____ Expected enrollment date: _____

Child's Name _____ Male/Female _____

Date of Birth/Due Date _____ Child's Current Age _____

Home Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Email: _____

Name of Father _____

Place of Employment/Address

Occupation _____ Business Phone _____

E-mail _____

Work Human Resources/Manager Phone number: (To verify Employment)

Name of Mother _____

Place of Employment/ Address

Occupation _____ Business Phone _____

E-mail _____

Work Human Resources/Manager Phone number: (To verify Employment)

Legal Custodian of Child

Names and ages of siblings:

How did you learn about Happy Beginnings Child Care Program?

Child's previous childcare experience

Name of Program/Provider: _____ Phone number: _____

If child has been previously or is currently in a childcare setting, please let us know why you are considering enrolling in a new setting : _____

Indicate any medical concerns /allergies or other conditions affecting child. Explain your child's current routine, food preferences, or any relevant information about your child's needs:

Are you looking for a short- or long-term placement?

Do you plan to stay in the area in upcoming 3 years?

Do you plan to breast feed?

What are your expectations from a Child Care Program?

What is your approach to discipline?

Please explain how cooperation between parents and childcare staff is key in having a successful partnership that benefits the enrolled child? Please be thorough as this helps the staff choose from received applications.

Are you interested in being placed on the waiting list if you are not chosen for the opening?

☐ Yes

☐ No

Happybeginningschildcare.com

Gaithersburg Location
Happybeginningschildcare@gmail.com
301-330-3025
Licensed Provider: Linda Suarez

Germantown Location
happybeginnings5@gmail.com
301-515-5440
Licensed Provider: Esperanza Hurtado