

Victory Montessori & Childcare Center

11777 Sheridan Blvd. Westminster, CO 80020 720.210.1177 720.524.3627(fax)

APPLICATION FOR CHILDCARE

Name of child attending _____
Parents Name _____
Parent's Name _____
Child's Date of Birth or Due Date _____
Anticipated Start Date _____
Address _____
Phone number _____

How did you hear about Victory Montessori & Childcare Center?
 Internet Church Sign Other, please explain. _____

Days attending: Monday Tuesday Wednesday Thursday Friday

I understand that the current agreement to enroll is provisional based upon verification of previous references. I hereby consent to all governing policies of *Victory Montessori & Childcare Center*. I understand that the services of *Victory Montessori & Childcare Center* are engaged by mutual consent and that either I, or *Victory Montessori & Childcare Center* reserve the right to terminate any or all services at any time. Admission to *Victory Montessori & Childcare Center* is a privilege and not a right.

Please note, if your account should go into collections, you will be responsible for all collection fees, attorney fees, court fees, and any other fees that may occur.

I give permission for *Victory Montessori & Childcare Center* to administer first aid and to seek medical or surgical care for my child(ren), including ambulance transportation, should an emergency arise. I authorize the hospital or doctor to administer necessary medical treatment. I understand that a conscientious effort will be made to locate me or other people responsible before any serious action is taken. I take financial responsibility for any emergency medical expense.

I give permission for my preschool aged child to attend field trips, on foot, to the field adjacent to *Victory Montessori & Childcare Center* property.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

Administrator's Signature _____ Date _____