

# Millennium Child Development Center

## Application for Child Care

Lic# 483008401, 483008402, 483008403  
483009228, 483008636, 483008635

3442 Browns Valley Road  
Vacaville, CA 95688  
707-452-0113

1520 N. Lincoln Street  
Dixon, CA 95620  
707-693-6710

Today's Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

### Child's Information

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: Years: \_\_\_\_\_ Months: \_\_\_\_\_

### Parent Information

Parent Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone: Home \_\_\_\_\_

Phone: Home \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

### Program Requests

Please circle your preferred schedule:

Monday      Tuesday      Wednesday      Thursday      Friday

3-day option is subject to limited availability

Your selected and confirmed days off will remain consistent regardless of school holidays or personal schedule changes. Advance notice and "Request for Drop-In" Form are required for extra days of childcare. Morning drop-off time will be from 7:30 to 9:00 am.

I/We understand tuition is due the first day of each month. I/We agree to pay the following fees: a deposit of \$500, paid upon acceptance into the program, which will be applied to my last month tuition. A non-refund yearly registration fee of \$150.00 (\$200 per family with 2 or more children).

Parent Signature: \_\_\_\_\_  
(Parent, guardian, individually, and as agent for Additional Family listed above)

Date: \_\_\_\_\_