

IMAGINA DAYCARE  
726 EVERETT AVE  
PALO ALTO , CA  
IMAGINADAYCARE.NET  
650 739 5962

## APPLICATION FORM 2023-2024 SCHOOL YEAR

\_\_\_\_\_  
Childs Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Age as of Aug 15 2023

Years

Months

\_\_\_\_\_  
Nick Name (if any)

### FAMILY INFORMATION

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Birthday (month/day)

\_\_\_\_\_  
Parent/Guardian

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

\_\_\_\_\_  
Alternate Phone

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

\_\_\_\_\_  
Alternate Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Email address

Allergies:  
\_\_\_\_\_  
\_\_\_\_\_

Sibling Names and Ages:  
\_\_\_\_\_  
\_\_\_\_\_

### Enrollment Information

Do not include any payments. Registration fee is required once child is formally accepted into the program

**Family Day Care Program**

- M thru F Full Day 8-5       MWF Full Day 8-5       -TTH Full Day 8-5
- M thru F Partial Day 8-1       MWF Partial Day 8-1       -TTH Partial Day 8-1
- M thru F Half Day 1-5       MWF Half Day 1-5       -TTH Half Day 1-5