

Child's Play  
Rachel Griffin, Day Care Provider  
8 Coolidge Avenue  
Beverly, MA 01915  
978-969-5552

Introduction:

Care Givers Names: \_\_\_\_\_

Chil(ren) Name(s): \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_      Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

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

Home#: \_\_\_\_\_

Work#: \_\_\_\_\_

Work#: \_\_\_\_\_

Mobile#: \_\_\_\_\_

Mobile#: \_\_\_\_\_

e-mail: \_\_\_\_\_

e-mail: \_\_\_\_\_

Potential Start Date: \_\_\_\_\_

Schedule and Hours:

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Rate: \_\_\_\_\_

How did you hear about Child's Play? \_\_\_\_\_

\_\_\_\_\_