

**Little Ladybug's Child Care Center
Application Form**

Child Name: _____

Date of Birth: _____

Address:

Parent Names: **Mom** _____
 Dad _____

Home Number: **Home** _____

Work Number/Where: **Mom** _____
 Dad _____

Cell Number: **Mom** _____
 Dad _____

E-mail Address: **Mom** _____
 Dad _____

Program Options: **Full 5** _____
Full Days **M/W/F** _____
 T/Th _____

Program Fee: \$35.00/day
Send Application To:

**Little Ladybug's Child Care Center
6036 Coburg Road
Halifax NS B3H 1Y9**