

# Morah Sarah's Daycare Application 2025-2026

1211 S. Shenandoah St. Suite 105, Los Angeles, CA 90035  
 Tel: 888.214.8850 Email: [info@MorahSarahsDayCare.com](mailto:info@MorahSarahsDayCare.com) Web: [www.MorahSarahsDayCare.com](http://www.MorahSarahsDayCare.com)

## Child's Information

|                            |  |
|----------------------------|--|
| Child's Name               |  |
| Gender                     |  |
| Date of Birth              |  |
| Child's age in months      |  |
| Applicant lives with       |  |
| Language(s) spoken at home |  |

## Mother's Information

|                                 |  |
|---------------------------------|--|
| Mother's Name                   |  |
| Street Address City ST ZIP Code |  |
| Home Phone                      |  |
| Work Phone                      |  |
| Cell Phone                      |  |
| Occupation                      |  |
| Date of Birth (Month & Day)     |  |
| E-Mail Address                  |  |

## Father's Information

|                                 |  |
|---------------------------------|--|
| Father's Name                   |  |
| Street Address City ST ZIP Code |  |
| Home Phone                      |  |
| Work Phone                      |  |
| Cell Phone                      |  |
| Occupation                      |  |
| Date of Birth (Month & Day)     |  |
| E-Mail Address                  |  |

## Emergency Contact Information

|                       |  |
|-----------------------|--|
| Name                  |  |
| Relationship to child |  |
| Cell Phone            |  |
| Home Phone            |  |

## Emergency Information

|                 |               |
|-----------------|---------------|
| Physician Name: | Dentist Name: |
| Address:        | Address:      |
| Phone:          | Phone:        |

## Medical Information

|  |  |
|--|--|
| Applicant Allergies:                         |  |
| Applicant Medical Instructions/ Medications: |  |

## Tuition

- ✓ I agree to pay all fees in accordance with the following terms:
  - Registration Fee: **\$425**
  - Full payment must be made before daycare starts. (Example 10 Postdated checks during signup)

**8:30AM – 4:00PM | Monday – Thursday | Full-Day**

**8:30AM – 1:30PM | Fridays**

Additional hours are charged at a rate of \$24/hour with  $\frac{1}{2}$  hour increments, previous arrangements must be made. Unarranged drop offs and late pick-ups will be charged at a rate of \$30/hour with 15 minute increments. Please note the times listed are not negotiable, as we need to know in advance the correct child-to-teacher ratio.

|  |  |
|--|--|
| Amount Agreed Upon<br>(Please include the additional hours requesting per week): |  |
|--|--|

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge. I agree to provide any other information relevant to the application of my child but not stated on this application.

|                |  |
|----------------|--|
| Name (printed) |  |
| Signature      |  |
| Date           |  |