

# 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 ½ 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 (Please include the additional hours requesting per week):	
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### 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	