

Morah Sarah's Daycare Application 2024-2025

1211 S. Shenandoah St. Suite 105, Los Angeles, CA 90035
 Tel: 888.214.8850 Email: info@MorahSarahsDayCare.com Web: 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	