



Maple Leaf Children's Center

P.O. Box 148
THETFORD, VT 05074
(802) 785-2074

(Complete this application form and return it with a \$25 deposit)

Application Form

Child's Name:

Birth date:

Parent or Guardian:

Home Phone:

Address:

E-Mail:

Place of Work:

Work Phone:

Parent or Guardian:

Home Phone:

Address:

E-Mail:

Place of Work:

Work Phone:

1. What days and times do you want to enroll your child?
2. Is there any flexibility in the times indicated above?
3. Has your child had previous experience with childcare or pre-school outside your home?
4. How do you hope your child will benefit from his or her time at Maple Leaf?
5. Do you have any other questions about our program or information concerning your child that you want to share with us?