



Cell Phone _____

Father's Name: _____
(First) (Last)

Address:

_____ Street City State Zip

Occupation: _____

Employer: _____

Home Phone _____

Work Phone _____

Cell Phone _____

Service Info:

Beginning date needing care _____

Amount of Care Needed: (Indicated the number of children needing the following days of care.)

___ - 5 Days (Monday - Friday) - \$140 per week*

___ - 3 Days (Mondays, Wednesdays, and Fridays) - \$90 per week*

___ - 2 Days (Tuesdays and Thursdays) - \$ 60 per week*

___ Check if state funds are needed to make your daycare payment.

___ Check if paying with weekly automatic withdrawal.

Please Note: The Henderson Child Development Center is Open from 7am - 6pm.
Please indicate the following:

Time you plan to drop your child off _____

Time you plan to pick up your child _____ **

*Payment will be due on Monday each week.

**An additional fee will be added to next bill for late pickup at the following rates of \$1 per minute late up to 10 minutes, then \$5 per each additional minute after that.

This form may be submitted to Henderson City Hall starting Monday, Feb. 27. You will be contacted the week of March 13, if there is space for your child in the daycare with further information.