



1411 O Street Sacramento CA 95814

Today's Date			
Name of parent/guardian(s)			
State Employee? If so, Agency?			
Employer(s) if not State			
Best Phone (Cell? Work?)			
Email(s)			
Child's Name/DOB			
Child's Name/DOB			
Child's Name/DOB			
Due date (if pregnant)			
Preferred Start Date			
Preferred Schedule (circle)	T/TH	M/W/F	FT
How did you hear about us?			
What made you choose our program?			
Any other information you want us to know?			