



Happy Hearts Childcare, Inc
4 Butternut Drive
Oswego, NY 13126

Application Date: _____

Projected Starting Date: _____

Child #1 Name _____
Nickname? _____
Date of Birth _____ Male ___ Female
Allergies: _____
Does your child have any special needs or behaviors I need to be aware of?

Child #2 Name _____
Nickname? _____
Date of Birth _____ Male ___ Female
Allergies: _____
Does your child have any special needs or behaviors I need to be aware of?

Mother/Guardian Information

Father/Guardian Information

Full Name _____

Address _____

Contact # _____

Employer _____

Has your child been in childcare before? _____ If yes, why was care terminated?

Please specify days and hours you are requesting care for your child(ren)

Monday _____ TO _____

Tuesday _____ TO _____

Wednesday _____ TO _____

Thursday _____ TO _____

Friday _____ TO _____