EAST HILL DAYCARE

Student's Name: _____

Mother's Name: _____

Father's Name: _____

	Home #	Cell #	Work #
Mother's phone #			
Father's phone #			

☐ My child **will be** needing daycare for the 2027-28 school year.

Please check below the days requested for Daycare:

Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

☐ My child **will not be** needing daycare for the 2027-28 school year.