

# MANCHESTER CHILD

## DEVELOPMENT CENTER

### Application for Admission

Please complete this application and return it to Manchester Child Development Center 2020 Goff Falls Rd., Manchester, NH 03103.

Child's full name

Date of birth:

Mother's full name

Home address:

Home phone number:

Work phone number:

Cell phone number:

Fathers full name:

Home address:

Home phone number:

work phone number:

cell phone number:

Enrollment date:

Intended daily hours:

X

Signature and date