

Ladybug Childcare & Preschools
1355 Bay Street, #1
San Francisco, CA 94123
office tel 415.776.5054
office fax 415.292.4366
email yhladybug@earthlink.net
web ladybugchildcare.com



Date _____

Child's Name _____ Gender M F

Date of Birth _____ Age _____

Parent(s) Name(s) _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Email Address _____

Mom's Work Phone _____ Mom's Cell Phone _____

Dad's Work Phone _____ Dad's Cell Phone _____

I would like to enroll my child in:

- Full-Day Program (8:00 a.m. to 5:30 p.m.)
- Half-Day Morning Program (8:30 a.m. to 12:30 p.m.)
- Half-Day Afternoon Program (1:00 p.m. to 5:00 p.m.)

Schedule:

- Mon - Fri
- Mon / Wed / Fri
- Tues / Thur

Proposed start date _____

Whom may we thank for this referral? _____

Please submit application form along with a \$50 non-refundable, application fee. Please make check payable to Yvonne Hove.