

LIBERTY DAYCARE/ PRESCHOOL  
274 KIDDER ST., SOLEDAD, CA. 93960 (831) 678- 2885  
APPLICATION FOR ADMISSION

Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_  
*(Last) (First) (Middle)*

Home Address: \_\_\_\_\_  
*(City) (State) (Zip)*

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Soc. Sec. # \_\_\_\_\_

Birthplace: \_\_\_\_\_  
*(City) (County) (State)*

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Bus. Address: \_\_\_\_\_

Bank \_\_\_\_\_ Phone \_\_\_\_\_  
*(Name) (City)*

Soc. Sec. # \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Bus. Phone \_\_\_\_\_

Bus. Address: \_\_\_\_\_

Bank \_\_\_\_\_ Phone \_\_\_\_\_  
*(Name) (City)*

Soc. Sec. # \_\_\_\_\_ Driver's Lic. # \_\_\_\_\_

Closest Relative in the City: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_

How many children in your family? \_\_\_\_\_ Please give the names of children in  
sequence of birth \_\_\_\_\_

Do any attend LDC? (Please Name) \_\_\_\_\_

Has your child had previous daycare? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Which church do you attend? \_\_\_\_\_

How did you select our school? \_\_\_\_\_

Signature of Parent/ Guardian \_\_\_\_\_

-----OFFICE USE ONLY-----

Date of Admission \_\_\_\_\_ Date Dropped \_\_\_\_\_