Sligo Child Developmental Center

8300 Carroll Avenue, Takoma Park, MD 20912 Phone Number: 301-434-1204

Sligo Child Developmental Center Application

Child's Name _____ Age _____

Address _____

Date of Birth _____ Social Security Number _____

Church Affiliation _____ Church Attending _____

Father's Name _____

Address (If different from above) _____

Place of Employment _____

Telephone (Home) _____ (Work) _____

(Cell) _____ (Pager) _____

Occupation _____ Employer _____

Mother's Name _____

Address (If different from above) _____

Place of Employment _____

Telephone (Home) _____ (Work) _____

(Cell) _____ (Pager) _____

Occupation _____ Employer _____

Person(s) or Agency having legal custody of child (with address and phone number)

_____

For Office Use Only

Forms Completed:

1. _____ Application
2. _____ Birth Certificate
3. _____ Health Inventory
4. _____ Immunization Record
5. _____ Emergency Information
6. _____ Financial Agreement
7. _____ Medical Order Form (If necessary)