

Cloud Nine Enrollment/Wait-list Application

Which facility are you interested in? (Check all that apply, note: applying for more than one home will increase your opportunity for timely enrollment.)

SW Portland Homes: Burlingame _____ Johns Landing _____ SW Portland _____

Beaverton: Cedar Hills _____ North/NE Portland: NE Portland _____

Requested Starting Date _____ Days Needed _____

How did you hear about Cloud Nine? _____

Note: If your child has not yet arrived, you need only fill out the sections you do know currently.

Child's Name _____

Birth Date _____ or Due Date _____

Address _____

City _____ Zip _____

Home Phone _____

Mother's Name _____

Cell _____

Email _____

Employer _____

Work Phone _____

Position _____

How Long _____

Father's Name _____

Cell _____

Email _____

Employer _____

Work Phone _____

Position _____

How Long _____

Is this your _____ first child, _____ second, _____ third?

Do any physical limitations, special requirements or allergies exist that we should be aware of to better care for your child?

Do you have any religious/spiritual/other beliefs that would require our attention? _____

Which will you be providing? _____ breast milk _____ formula _____

Does your child drink well from a bottle?
____ yes _____ no _____ just learning _____ has not tried yet

Have you started solid foods? _____ yes _____ no

Is your child a vegetarian? _____ yes _____ no

Are there any foods your child does not like? _____

What hours will you normally need? _____

Tell me about your child's current daily nap schedule. _____

Is this your first experience with daycare? _____ yes _____ no
If no, why are you making a change? _____

What are your expectations of your care providers?

We would like our child to be considered for enrollment at Cloud Nine. We understand the rates, hours, holiday/vacation schedule and that an in-person interview, with both of us and our baby, is part of the enrollment process. We also understand that a deposit, equal to one month's fees, will be required upon enrollment. *Note: There is no fee to submit this application for the wait-list.*

Parent Signature _____ Date _____

Parent Signature _____ Date _____