



Established 1983

3201 Ulloa Street

San Francisco, Ca 94116

415.681.6606

Director, Pam Ryan

GRACE INFANT CARE WAITING LIST APPLICATION FORM

(\$35.00 non-refundable application fee)

Child's Name: _____ Sex: _____

Due Date (call to update after birth): _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____

Parent/Guardian Name: _____

Occupation: _____

Work Telephone: _____ Mobile: _____

Email: _____

Parent/Guardian Name: _____

Occupation: _____

Work Telephone: _____ Mobile: _____

Email: _____

Tuition is \$1850.00 per month for 2013

Date Requesting Care: _____

Days/Hours child would attend center: Days: _____ Hours: _____ AM to _____ PM

How did you hear about Grace Infant Care Center? _____

Signed: _____

Date: _____

Make check payable to Grace Infant Care Center. (Payment of the \$35 application fee does not guarantee placement in the Center)

Tour date: _____ (Tours are given by appointment only on Tues/Thurs from 10:15-11:00)

Office Use Only:	Date received: _____	Fee paid: _____
	Show: _____ No Show: _____	Tour given by: _____