



Application

Located in Kosair Charities Center on
Masonic Homes Kentucky's Louisville Campus
3800 Tom Larimore Lane • Masonic Home, KY 40041
P: 502.753.8222 • TF: 866.764.6631 • F: 502.753.8223
SproutlingsDayCare.com

PREFERRED START DATE: _____

CHILD'S NAME: _____

Child's nickname, if he/she is called by it: _____

Date of Birth/Due Date: _____ Female Male

Address: _____

City: _____ State: _____ Zip: _____

FAMILY INFORMATION

Parent/Guardian: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Place of Employment: _____

Business Phone: _____ Mobile Phone: _____ Home Phone: _____

Email: _____

Parent/Guardian: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Place of Employment: _____

Business Phone: _____ Mobile Phone: _____ Home Phone: _____

Email: _____

Does your child require any special accommodations (medical, dietary, etc.)? Yes No If yes, please explain:

Do you receive assistance to help pay for your childcare? Yes No If yes, type of assistance: _____

Parent/Guardian signature: _____ Date: _____

**Please send this completed form and check for the \$50 non-refundable application fee to:
Sproutlings, 3800 Tom Larimore Lane, Masonic Home, KY 40041.**