



# Application Form

Located in Kosair Charities Center on Masonic Homes' Louisville Campus  
3800 Tom Larimore Lane • Masonic Home, KY 40041  
P: 502.753.8222 • TF: 866.764.6631 • F: 502.753.8223  
[SproutlingsDayCare.com](http://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: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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 payment for the \$50 non-refundable application fee to:  
Sproutlings, 3800 Tom Larimore Lane, Masonic Home, KY 40041.**