

APPLICATION - CITY KIDS CHILD DEVELOPMENT CENTER

JOYFUL NOISE CHILD DEVELOPMENT CENTERS, INC.

BUREAU OF HUMAN RESOURCES – RECEPTION DESK

4TH FLOOR PORTLAND BUILDING.

Date _____

Legal Guardian/Parent Names

Name: _____ Work Phone: _____ Home Phone: _____

Address _____ City _____, State _____, ZIP _____

Name: _____ Work Phone: _____ Home Phone: _____

Address _____ City _____, State _____, ZIP _____

Please indicate below which applies to the guardian/parent(s) of the child:

City Employee Working in Portland Building, City Hall, or Development Building

Other City Employee

Joyful Noise City Kids Center Employee

General Public

City Employee Name: _____ Interoffice Address: _____/_____

City Agency Employed By: _____

Please list siblings currently enrolled at City Kids Portland Building Center:

Children desired to be placed at the City Kids Portland Building Child Development Center

Child's Name: _____ Date of Birth _____

Circle One**: Full Time Part Time (circle days) : M T W Th F

Child's Name: _____ Date of Birth _____

Circle One**: Full Time Part Time (circle days) : M T W Th F

**Note: Part time options are for 2 or 3 days per week. Full time is considered 4 or 5 days per wk

\$30 Non-Refundable Application Fee Must Be Enclosed to be processed!

Make Checks Payable to Joyful Noise, Inc.