



Applicant Name: _____

Preferred Hospital					
Hospital Name					
Name and Address of Facility Please choose one:					
Baptist Health Deaconess 900 Hospital Dr. Madisonville, KY 42431 (270) 825-5100		Caldwell County Hospital 100 Medical Center Dr. Princeton, KY 42445 (270) 365-0300	Other (Address and Phone Number)		
Source of Verification					
Age of Verification					
Certified Birth Certificate	Hospital Birth Records	Immunization Certificate	Medical Card		
Full Day – Full Year Services Needed					
Full-Year Needed		Full-Day Needed		How Many Hours per Day is Needed?	
Yes	No	Yes	No	6 Hours	6+ Hours
Recruitment Method					
How did you learn about this program?					
Broadcast	Current/Former Family	HS Staff Contact	School District Event/Contact		
Community Event	Community Partner	Print Media	Website/Social Media		
Other :					

Child Transportation

Transportation	
Pick Up Location	Drop Off Location
Directions to Applicants Home:	
Is transportation provided for this child?	
Yes	No

I certify that this information given on this application is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Guardian Signature		Date	
Staff Signature		Date	