



Kaweah Health Kaweah Kids Learning Center

Caring. Exploring. Learning.

Kaweah Health Employees and Affiliates Only

TODAY'S DATE: _____ DATE YOU WILL NEED CHILDCARE: _____

EMPLOYEE PARENT'S Name: (first) _____ (last) _____

PARENT'S NAME: (first) _____ (last) _____

CHILD'S Name (first) _____ (last) _____

CHILD'S Birthdate _____ or due date _____

STREET ADDRESS: _____

CITY: _____ ZIP: _____ Home Phone #: _____

EMPLOYEE'S work phone: _____ CELL# _____

Email Address: _____

PARENT'S work phone: _____ CELL# _____

CLASSROOM
(Circle one)

INFANTS
(0-24 months)

TODDLER
(2 years old)

PRESCHOOL
(3-5 years old)

Scheduling:

_____ Rotating # days per week you need care _____ Set M T W TH F

Employee Supervisor's name _____ Department _____

_____ Subsidized Program (eligible for financial assistance for child care through Tulare County Corrections for Quality Care Program)

OFFICE USE ONLY				
Notified of Opening	Picked up Enrollment	Orientation Date / Time	Classroom	ProCare Link Sent