



**PIONEER TECHNOLOGY CENTER
CHILDREN'S LAB & PRESCHOOL**



APPLICATION FORM

Date to begin _____ Today's Date _____

Name of Child _____

Date of Birth _____ Age _____ Sex _____

Name of Parent/Guardian _____

Mailing Address _____

Primary Phone Number _____ Secondary Phone Number _____

Email Address _____ @ _____

Place of Employment _____ Work Number _____

Has the child ever had a serious illness? _____ Please Explain: _____

Is the child in good health now? _____ If not, please explain: _____

List any known food allergies: _____

What days and hours are you needing care for your child? _____

Pioneer Technology Center does not discriminate on the basis of race, color, national origin, sex/gender, age, disability, or veteran status. Inquiries concerning application of this policy should be made to Kahle Goff or Arlene Stauffer, Co – Compliance Officers at (866) 612-4782 or at 2101 N. Ash, Ponca City, OK.

