



milestones

learning academy

Child Information

Child's Name			
Child's Birthday		Male	Female
Will other siblings be applying?			
If yes, please include names and ages:			

Baptist Health Western Region Employee Information

Employee Name			
Employee Number			
Department at Baptist Health		Department Phone Number	

Contact Information

Mother's Name			
Phone Number (Cell)		Phone Number (Work)	
Father's Name			
Phone Number (Cell)		Phone Number (Work)	
Emergency Contact			
Phone Number (Cell)		Phone Number (Alternative)	

Service Information

Beginning Date:		Expected Pick Up Time		Expected Drop Off Time	
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There will be a \$25, non-refundable, application fee. Check or Credit Card accepted.

If check, mail payment to:
Milestones Learning Academy
PO Box 181418 Fort Smith, AR 72918

If credit card, please call:
479-414-3273

Please email completed form to info@milestonesla.com

milestonesla.com

OPEN
Monday - Friday
6:15 AM to 7:15 PM
 **Baptist Health-Fort Smith**
1001 Towson Ave FSM, AR