



Enrollment Application

Child's Name: _____ Date of Birth: _____

Home Address: _____

Home Phone: _____

Parent/Guardian/Family Information:

Mothers Name: _____ Home Phone: _____

Employer: _____ Occupation: _____

Business Address: _____ Bus. Phone: _____

Cell Phone: _____

Fathers Name: _____ Home Phone: _____

Employer: _____ Occupation: _____

Business Address: _____ Bus. Phone: _____

Cell Phone: _____

Marital Status of Parents: Married _____ Separated _____ Single _____ Divorced _____

Child lives with: Both parents _____ Mother _____ Father _____ Guardian _____

Other children in the family: (include names, sex and birthday): _____

Enrollment requested:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

May we include your address and phone number on class lists that are distributed to each family in your child's classroom? YES _____ NO _____

This application should be returned as soon as possible with a non-refundable application fee of \$150.00 to hold your child's place in our program. (current client annual renewal registration is \$50.00)

For office use only:

Date application received _____ Date care begins: _____

Classroom enrolled in _____ Application fee received: YES NO

Part week or Full week (circle one) Check number _____

Security Deposit amount _____ Date _____

Security Deposit Check number _____

Mother/Guardian Signature

Date

Father/Guardian Signature

Date