



ENROLLMENT APPLICATION

CHILD'S NAME: _____ DOB: _____

PRIMARY ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MOTHER'S NAME: _____

WORK PHONE: _____ HOME PHONE: _____

FATHER'S NAME: _____

WORK PHONE: _____ HOME PHONE: _____

MOTHER'S CELL _____ FATHER'S CELL _____

SIBLINGS: NAME: _____ AGE: _____

NAME: _____ AGE: _____

NAME: _____ AGE: _____

SCHEDULE REQUESTED

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Estimated Drop Off Time: _____

Estimated Pick Up Time: _____

I would like my child to begin: _____

Are you eligible for Child Care Subsidy? Yes or NO

If yes, Case Worker: _____ Case Number: _____

When you return this completed application, you will be contacted by the Director of the center to confirm your application (No deposit will be accepted until enrollment confirmation). At the time your child's enrollment is confirmed, you will be asked for a \$50.00 non-refundable deposit and to sign a contract for services/fee agreement detailing your child's enrollment, tuition, and security deposit information. Your child's enrollment in the program will not be confirmed until the Fee Agreement is signed and all deposits are paid.

OFFICE USE ONLY:

Application Received By: _____ Date: _____

ENROLLMENT:

Classroom: _____ Teacher: _____

Days: _____ FULL TIME PART TIME BEFORE SCH AFTER SCH