



Application for Enrollment

Please print or type all information

Date: _____

Child #1	Child #2
Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____
Gender: Male/Female	Gender: Male/Female
Days and hours of care needed: Please circle days needed and fill in blanks with drop-off/pick-up times M _____ T _____ W _____ Th _____ F _____	Days and hours of care needed: Please circle days needed and fill in blanks with drop-off/pick-up times M _____ T _____ W _____ Th _____ F _____
Child #3	Child #4
Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____
Gender: Male/Female	Gender: Male/Female
Days and hours of care needed: Please circle days needed and fill in blanks with drop-off/pick-up times M _____ T _____ W _____ Th _____ F _____	Days and hours of care needed: Please circle days needed and fill in blanks with drop-off/pick-up times M _____ T _____ W _____ Th _____ F _____

Parent/Guardian Information		
Name	_____	_____
Street Address	_____	
City, State, Zip	_____	
Primary Phone	_____	
Secondary Phone	_____	
Email Address*	_____	

*Regular communications (statement of accounts, newsletters, menus, etc.) will be sent electronically to the email(s) unless paper copies are specifically requested.

Desired Enrollment Date: _____ Payment Source: _____

State licensing sets enrollment limits and when a classroom is enrolled to its maximum, a waiting list is maintained. When moving children off waiting lists into classrooms, preference is given to children referred to the Center by various state agencies such as the Department of Children and Family Services, the Department of Human Services, etc.

For Office Use Only		
Date received: _____	Class Eligible for: _____	Date Actually Enrolled: _____
Date Off List: _____	Reason Off List: _____	
Dates of contact with comments: _____		

