



Enrollment Application

Name of Child _____ Age _____ D.O.B _____

Name of Parents _____

Home Address _____

Home Phone _____ Work/Cell Phone _____

Email Address _____

Schedule (All age groups): _____ 5 Days _____ 4 Days _____ 3 Days Days Scheduled M T W TH F

Scheduled Hours per day: _____ *Not to exceed 10 hrs. per day*

Beginning Date: _____

Registration Fee: _____ * \$150.00 registration fee is non-refundable

Parent Signature _____ Today's Date _____

Program of interest: (Please check one)

- | | | |
|--------------------|----------------------|-------------------|
| ____ Infant | ____ Older Toddler | ____ Pre-K |
| ____ Mobile Infant | ____ Young Preschool | ____ Kindergarten |
| ____ Young Toddler | ____ Older Preschool | ____ Latchkey |

Latchkey/Kindergarten:

Before School _____ After School _____ (Name of School : _____)