

Application for Enrollment

Please include a \$60 non-refundable application fee.
Once this has been received, your child will automatically be placed on our wait list.

Date _____

Program Preference: Young Children's Program 7:30-5:30 ____
 Preschool Program 7:00-5:30 ____

Preferred Date of Entry _____ Age at Preferred Entry Date _____

Name of Child _____ Nickname _____

Date of Birth _____ Sex _____

Names of parents or guardians requesting enrollment:

Name _____ Relationship to child _____

Address _____ Zip _____

Home Telephone _____ Business _____ Cell _____

Email _____

Name _____ Relationship to child _____

Address _____ Zip _____

Home Telephone _____ Business _____ Cell _____

Email _____

Who else lives in the child's household (parents, siblings, housemates, relatives, etc)?

Does the child live in more than one household? Yes No

Is your child currently in a care situation? Yes No Previously? Yes No
If so, please describe (sitter at home, family day care home, preschool, etc.)

Does your child have any special needs? Yes No If yes, please describe below:

Please tell us why you are interested in this particular program: