Enrollment Application

Child's Name: _____ Birthdate: _____ Male Female

Address: _____ City/State/Zip: _____

Father's Name: _____ Home Phone: _____

Occupation: _____ Work Phone: _____

Employer: _____ Cell Phone: _____

Mother's Name: _____ Home Phone: _____

Occupation: _____ Work Phone: _____

Employer: _____ Cell Phone: _____

Desired Starting Date: _____

Desired Schedule

Full time daycare		
(Including M-F Preschool program)	_____	7:30 am – 6:00 pm
Beginner Program		
Half Day MWF	_____	8:30 am – 11:45 pm
Half Day TTH	_____	8:30 am – 11.45 pm
Primary Program		
Half Day MWF	_____	8:30 am – 11:45 pm
Half Day TTH	_____	8:30 am – 11:45 pm
Pre-K Program		
Full Day M-F	_____	8:30 am – 11:30
Extended Care	_____	12:00 pm – 3:00 pm

I have enclosed the application fee of $150.00. I understand this fee is **neither refundable nor applicable toward tuition**.

Signature: _____ Date: _____