



APPLICATION FOR ADMISSION

Child's Name _____ Birth Date (Due Date) _____

PARENT/GUARDIAN #1

Full Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Employer Address _____

City _____ State _____ Zip _____

Email _____ Work Email _____

PARENT/GUARDIAN #2 Address Same as Above

Full Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Employer Address _____

City _____ State _____ Zip _____

Email _____ Work Email _____

DO YOU CURRENTLY HAVE A CHILD ENROLLED HERE? YES NO IF YES, WHAT AGE: _____

HAVE YOU EVER HAD A CHILD ENROLLED HERE? YES NO IF YES, WHAT AGE: _____

ENROLLMENT OPTIONS: FULL-TIME (5 DAYS/WEEK) PART-TIME FLEXIBLE
 PREFERRED DAYS: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

TARGETED STARTING DATE: _____

HOW DID YOU HEAR ABOUT US?

FRIENDS/FAMILY YELLOW PAGES NEWSPAPER INTERNET RADIO OTHER _____

IS THERE ANY ADDITIONAL INFORMATION THAT WE SHOULD KNOW OR CONSIDER? _____

THERE IS A \$20/FAMILY NON-REFUNDABLE APPLICATION FEE DUE UPON SUBMISSION OF THIS FORM

FOR OFFICE USE ONLY

FEE RECEIVED? YES NO

PAYMENT DATE: _____

PAYMENT TYPE: CHECK # _____

CASH

MC/VISA _____ EXP ____/____ CVV _____

PAYPAL

SPECIAL NOTES:

CLASSROOM: _____

ENROLLED DAYS: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY