



**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:** \_\_\_\_\_    **ACTUAL START 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

**SPECIAL NOTES:**

**CLASSROOM:** \_\_\_\_\_

**ENROLLED DAYS:**  MONDAY  TUESDAY  WEDNESDAY  THURSDAY  FRIDAY

**START DATE:** \_\_\_\_\_