



## Application for Enrollment

Parent's Name \_\_\_\_\_ Date of App. \_\_\_\_\_  
Child's Full Name \_\_\_\_\_ Name used \_\_\_\_\_  
Second Child's Full Name \_\_\_\_\_ Name used \_\_\_\_\_  
Sex \_\_\_ F \_\_\_ M Date of Birth \_\_\_\_\_ Age at time of App. \_\_\_\_\_  
Family Address: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Mom's cell phone \_\_\_\_\_  
Dad's cell phone \_\_\_\_\_ Best number to call \_\_\_\_\_  
Dad's Employer \_\_\_\_\_ Location \_\_\_\_\_  
Dad's work phone \_\_\_\_\_ Dad's e-mail \_\_\_\_\_  
Mom's Employer \_\_\_\_\_ Location \_\_\_\_\_  
Mom's work phone \_\_\_\_\_ Mom's e-mail \_\_\_\_\_  
Preferred Start Date \_\_\_\_\_ Preferred Center: \_\_\_ Willow Ave. \_\_\_ Washington St.

*Please confirm your enrollment choice:*

\_\_\_ Full time (7:00am-7:00pm, Monday-Friday)  
\_\_\_ 2 Full days (7am-7pm) \_\_\_ 3 Full days (7am-7pm) \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ Th  
\_\_\_ F  
\_\_\_ Part time AM (8:00-12:00, M-F) \_\_\_ Part time PM (2:30-6:30, M-F)

**At the present time, we will be putting your child's name on our list of interested parties. There are a few things that are taken into consideration prior to accepting children to our program.**

- 1. The birth date of the child.**
- 2. The ability to graduate to the next class based on capacity within those classes.**