



Application for Enrollment

CHILD'S FULL NAME:

NICKNAME:

BIRTHDATE:

AGE:

PARENT / GUARDIAN #1:

ADDRESS:

PHONE #:

PARENT / GUARDIAN #2:

ADDRESS:

PHONE #:

ATTENDANCE

FULL TIME

IF PART TIME

MON

TUE

PART TIME

WED

THU

FRI

PARENT / GUARDIAN
SIGNATURE

DATE

DIRECTOR USE BELOW

START DATE

DEPOSIT