



**Caring for children 6 weeks to 2.5 years old**

Days Desired: \_\_\_\_\_

Hours Desired: \_\_\_\_\_ to \_\_\_\_\_

Projected Start Date: \_\_\_\_\_

**\*For office use only\***

Payment Method: \_\_\_\_\_

Date: \_\_\_\_\_

Receipt No: \_\_\_\_\_

Amount: \_\_\_\_\_

Tour Date: \_\_\_\_\_

**Application for Enrollment**

*Submission of your child's application for enrollment does not guarantee admission.  
Your child's enrollment has many factors including the discretion of the Director as well as availability.*

\_\_\_\_\_  
Name of Child (Last) (First) (Date of Birth / Projected Date) (Sex)

\_\_\_\_\_  
Address (Street) (City) (State) (Zip Code)

\_\_\_\_\_  
Parent's Name Parent's Date of Birth

\_\_\_\_\_  
Address (City) (Zip Code) ( )  
Mobile Phone Number

\_\_\_\_\_  
Occupation Place of Employment

\_\_\_\_\_  
Address of Employer ( )  
Phone Number

\_\_\_\_\_  
Hours Worked Personal Email Address

\_\_\_\_\_  
Nationality Marital Status

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Parent's Date of Birth

\_\_\_\_\_  
Address (City) (Zip Code)

(\_\_\_\_\_)\_\_\_\_\_  
Mobile Phone Number

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Place of Employment

\_\_\_\_\_  
Address of Employer

(\_\_\_\_\_)\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Hours Worked

\_\_\_\_\_  
Personal Email Address

\_\_\_\_\_  
Nationality

\_\_\_\_\_  
Marital Status

If parents are separated or divorced, please provide the name of the parent who has legal custody of the child:

\_\_\_\_\_

Please provide the names and birth dates of all siblings:

1. \_\_\_\_\_ \_\_\_\_\_  
Name Date of Birth

2. \_\_\_\_\_ \_\_\_\_\_  
Name Date of Birth

3. \_\_\_\_\_ \_\_\_\_\_  
Name Date of Birth

\_\_\_\_\_  
Signature of Parent Date

\_\_\_\_\_  
Signature of Parent Date

