



APPLICATION FOR ADMISSION

Preferred Start Date: ____ / ____ / ____ **Preferred Days & Status:** M T W TH F Sat Sun (FT / PT)

Preferred Times: ____ AM until ____ PM

Child Information

Child's Full Name: _____ Nickname: _____ Gender: Male/Female

Date of Birth: ____/____/____ Home Phone: _____

Street Address: _____ City: _____

State: _____ Zip: _____

Child lives with: Both Parents: [] Mother: [] Father: [] Other: []

Parent Information

Mother/Guardian's Name: _____ Cell Number: _____

Work Number: _____ E-mail: _____

Father/Guardian's Name: _____ Cell Number: _____

Work Number: _____ E-mail: _____

General Information

How did you hear about us? [] Internet search [] Friend/coworker/neighbor [] Drive by

[] Referred by: _____

I understand this application does not guarantee a specific starting date; however, it does guarantee my child a space at the center. Once the start date has been confirmed by the director, I must pay the tuition deposit within one week and assume full responsibility for that spot or be placed at the end of the waiting list. I understand that the deposit and the first week's tuition are non-refundable fees and will not be refunded regardless of center fault.

Parent Signature: _____ Date: ____ / ____ / ____