

APPLICATION FOR ADMISSION

Preferred Start Date:/ Preferred Da	ys & Status: M T W Th	H FSatSun (FT/PT)
Preferred Times: AM until PM		
Child Information		
Child's Full Name: N	Nickname:	Gender: Male/Female
Date of Birth:/ Home Phone:		
Street Address:	City:	
State: Zip:		
<u>Child lives with:</u> 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	d/coworker/neighbor [] D	rive by
[] Referred by:		
I understand this application does not guarantee a speci a space at the center. Once the start date has been co within one week and assume full responsibility for that spo understand that the deposit and the first week's tuition ar regardless of center fault.	nfirmed by the director, I not or be placed at the end	nust pay the tuition deposit of the waiting list. I
Parent Signature	Date:	1 1