



APPLICATION FOR ENROLLMENT

CHILD'S NAME: _____ BIRTH DATE: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL NUMBER: _____

PARENT/S OR GUARDIANS: _____

SCHEDULE FOR ENROLLENT

_____ 5 FULL DAYS

_____ 5 HALF DAYS (8:00 AM – 12:00 noon, preschool only)

_____ 3 FULL DAYS – MON/WED/FRI (preschool only)

_____ 2 FULL DAYS – TUES/THURS (preschool only)

_____ VPK (3 hour)

_____ VPK (with wrap-around)

_____ AFTER SCHOOL CARE – ELEMENTARY SCHOOL: _____

_____ DAY CAMP – WHICH PROGRAMS? SUMMER SPRING WINTER DROP-IN

ANTICIPATED START DATE: _____

FOR CENTER USE ONLY

DATE APPLICATION RECEIVED _____

RECEIVED BY _____

DATE OF ENROLLMENT _____

DATE OF WITHDRAWL _____

REASON FOR WITHDRAWL _____