



Start Date: _____
Deposit: _____
Spreadsheet: _____
Brightwheel: _____
Tour Information: _____

Enrollment Application

(Please print clearly)

Parent / Guardian's Name: _____

Relationship to the child: _____

Address: _____ City _____ State _____

Employer: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email Address: _____

Parent / Guardian's Name: _____

Relationship to the child: _____

Address: _____ City _____ State _____

Employer: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Email Address: _____

Child's Name: _____ Date of Birth: _____
(Due Date)

Primary Residence with: _____

Child Care Needs: 5 days 4 days 3 days 2 days (two and up only)

Desired schedule (days / hours) _____

Preferred start date: _____

How did you hear about us? _____

Will you be receiving State Funding to reduce childcare tuition? _____ Military Funding? _____
(Parent / Guardian is responsible for full tuition until verification of funding is established)

Signature of Parent / Guardian

Date