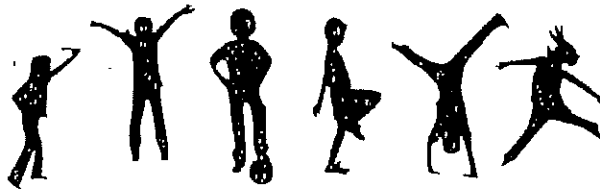


Enrollment Application



Application Date: _____ Desired Enrollment Date: _____

***Priority is given to those children enrolling for full-time care (5 days a week) who meet the funding requirement.**

Full Name of Child: _____ Nickname _____

Date of Birth: _____

Address of Child: _____

Home Telephone: _____

The Child lives with:

Both Parents

Mother

Father

Other (if yes, please specify) _____

Full name of enrolling Parent or Guardian:

Signature of enrolling Parent or Guardian: