

**STRONG BEGINNINGS EARLY LEARNING CENTER
ENROLLMENT APPLICATION**

CHILD'S NAME: _____ DOB: _____

PRIMARY ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MOTHER'S NAME: _____

WORK PHONE: _____ HOME PHONE: _____

FATHER'S NAME: _____

WORK PHONE: _____ HOME PHONE: _____

EMAIL ADDRESS: _____

SIBLINGS: NAME: _____ DOB: _____

NAME: _____ DOB: _____

NAME: _____ DOB: _____

SCHEDULE REQUESTED

Estimated Drop Off Time: _____

Estimated Pick Up Time: _____

I would like my child to begin: _____

I would prefer to pay by: Cash Check Money Order

Please return this completed application along with the non-refundable \$25.00 (MAX \$50.00 per family) Registration Fee. Checks should be made out to Strong Beginnings. You will be contacted by the Director to confirm Enrollment. At the time Enrollment is offered, you will be asked to sign a Contract for Services/Fee Agreement detailing your child's enrollment, tuition, and security deposit information. Your child's enrollment in the program will not be confirmed until the Fee Agreement is signed and all deposits are paid.

OFFICE USE ONLY:

Application Received By: _____ Date: _____

ENROLLMENT:

Classroom: _____ Teacher: _____

Days: _____ FULL TIME