

Children's Garden
Early Learning Community
Enrollment Application 2020-2021

Child's Name: _____ date of birth: _____

Home address: _____

Parent Name: _____ contact number: _____

Parent Name: _____ contact number: _____

Email parent 1: _____ Email parent 2: _____

Child lives with: _____

Desired start date of enrollment: _____

Preferred Schedule: full time (5 full days Monday-Friday)

part time (3-4 full days)

half days (3-5 half days /am or pm)

*circle above and note any preferences:

Application fee of \$50 received: _____

One-Week deposit to hold placement: _____

Do you receive any childcare assistance, DHS, MSU, LCC? _____

*Parents are financially responsible to communicate with their assistance agency and will be responsible for all tuition incurred until verification is received.

Signature Parent 1: _____ date: _____

Signature Parent 2 : _____ date : _____

Please see tuition and fees & Financial Agreement for more detailed information.

