

Children's Garden
Early Learning Community
Enrollment Application

Child's Name: _____ date of birth: _____

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Child's Name: _____ date of birth: _____

Home address: _____

Parent Name: _____ contact number: _____

Email: _____

Parent Name: _____ contact number: _____

Email: _____

Child(ren) lives with: _____

Desired start date of enrollment: _____

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

part time* (3-4 full days)

half day* (3-5 half days am only)

*circle above and note any preferences: _____

Application fee of \$50 received: _____ (*waived until placement determined)

One-Week deposit to hold placement: _____

Name of referral (if applicable): _____

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 : _____