PLAYSCHOOL CHILD CARE INC.

Application For Enrollment

Indicate the age group/program you are enrolling for:

☐ Toddler (16 months - 33 months) ☐ Preschool (33 months - entering kindergarten) ☐ Explorer Club (school age) ☐ Skills For Life (school age and beyond)

Child's / Youth's Information

Name _____
First Middle Last

Age at Enrollment _____ Date of Birth _____

Desired Schedule and Times

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

☐ Flex Schedule (approval required) ☐ Drop - In Schedule (24 hours or more notice needed)

Desired Start Date _____

Enrolling Parent (Check one or both)

Parent/Guardian's Name _____ ☐

Parent/Guardian's Name _____ ☐

Child's/Youth's Address _____

City / State / Zip Code _ _____

Contact Number _____

Contact Email _____

$40.00 Family Registration and first weeks tuition is due upon enrollment.

Parent/Guardian/Caregiver's Signature _____ Date _____

Office Use Only

Date _____ Paid _____ Check Number _____

Received Parent Handbook _____
Parent/Guardian/Caregiver's Signature

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