

APPLICATION FOR ENROLLMENT
St. Francis Early Learning Center

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Home Address _____
Street City Zip

Mother's Name _____ Father's Name _____

Occupation _____ Occupation _____

Work # _____ Work # _____

Email address: _____ Email address: _____

Cell # _____ Cell # _____

Home # _____ Home # _____

drop off time _____

pick up time _____

Full summer (11wks) _____

Specific weeks (please list) _____

(If you are not sure which weeks just put the number of weeks you expect to need)

Parent's Signature _____ Date _____

Director's Signature _____ Date _____

Date Application Received _____

Reg. fee paid _____

Staff Initials _____