

APPLICATION FOR ENROLLMENT
St. Francis Early Learning Center

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 # _____

Parish Name _____

What is the best time & number to get in touch with you? _____

What day & time would you like to **drop off** and **pick up** your child? _____

Will you need subsidy? _____ Have you already applied? _____ Approved? _____

What will be your preferred method of payment?

___ cash ___ check ___ cc ___ debit card ___ automatic acct. debit

Names and ages of other children in the household:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Parent's Signature _____ Date _____

Director's Signature _____ Date _____

Date Application Received _____

Reg. fee paid _____

Staff Initials _____