



APPLICATION FOR ADMISSION

FOR OFFICE USE ONLY

Date Received: _____
Time: _____
Group: _____
Priority: _____
Half Time: _____ Full Time: _____
Tour by: _____

Indicate the program for which you have chosen to enroll your child. The Center opens at 8:30 am and closes at 6:00 pm

All classes are Monday through Friday (Check one)

_____ Half Time 8:30 am – 12:30 noon

_____ Full Time 8:30 – 3:00 pm

_____ Afternoon 2:00 pm – 6:00 pm

_____ Extended Time 8:30 – 6:00 pm

CHILD INFORMATION

Child's Legal Name: _____

Date of Birth: _____ Enrollment Date: _____

Language Spoken: _____ Sex: M _____ F _____

FAMILY INFORMATION

Mother's Name:	Father's Name:
Address:	Address:
Cell Phone:	Cell Phone:
Employer:	Employer:
Address:	Address:
Work Phone:	Work Phone:
E-mail:	E-mail:

Child lives with: _____

Where did you hear about us?

Friend/family... who? _____

Website _____ Facebook _____ Flyer _____

Resident (1050 or 1060 Brickell) _____ Other: _____

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Notes: