



Enrollment Application

***State child care assistance is no longer accepted as of January 2018**

**The \$50.00 (per child and non-refundable) registration fee is due upon enrollment*

Date: _____

Parent/Guardian: _____

Phone: _____ E-Mail: _____

Start Date: _____

Children who will be attending Little Clippers:

1. _____ DOB _____ Gender: M F

2. _____ DOB _____ Gender: M F

3. _____ DOB _____ Gender: M F

Interested in: Full-Time Part-Time

Circle days your child will attend: M T W Th F

**Part-time days must remain the same for each week and decided at the time of enrollment.*

How did you hear about us?

4 C's Internet Referred By: _____