



# Application for Enrollment

Please legibly complete the application. If information is repeated in any area, DO NOT WRITE 'SAME' for any part; however, please fill out the information again as needed.

Date: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Employer/ School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Employer/ School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

### LIST OTHER CHILDREN IN FAMILY:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

### EMERGENCY REFERENCES:

Please list two or your close relatives in case of an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

*Please complete both pages and sign before returning to Day One Learning Center*

**DROP OFF AND PICK UP:**

For staffing purposes, please indicate the time you will bring your child to Day One. Please be as consistent as possible in bringing your child, and let the director know if there will be a change in times:

I will bring my child at: \_\_\_\_\_ AM

I will pick up my child at: \_\_\_\_\_ PM

**OTHER CHILD CARE / SCHOOLS ATTENDED:**

Please indicate other childcare / schools that your child attended:

Day care / School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Day care / School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**TUITION:**

All tuition is payable in advance. A two (2) week advance notice of withdrawal is required and tuition must be paid for this period.

**HOLIDAYS AND DAYS THAT DAY ONE ACKNOWLEDGES:**

During holidays, families who pay privately are responsible for paying holiday and other days observed below. However, this does not include the day after a holiday such as the day after Thanksgiving or the day after Christmas.

- |              |                  |                        |                                     |
|--------------|------------------|------------------------|-------------------------------------|
| Saturdays    | Independence Day | Day After Thanksgiving | New Year's Day                      |
| Sundays      | Labor Day        | Christmas Day          | Martin Luther King Jr Day           |
| Memorial Day | Thanksgiving Day | Day After Christmas    | Other Days at Director's Discretion |

**SIGNATURE & SS NUMBER OF PARENT OR LEGAL GUARDIAN REQUIRED:**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

**PARENT'S SS#:** \_\_\_\_\_ **CHILD'S SS#:** \_\_\_\_\_

*Please provide valid Photo Identification at the time of enrollment.*