

Enrollment Application

Date: _____

Child's Name:		Preferred Name:	
Birthdate:			
Address: Number & Street			
City	State	Zip Code	
Parent/Guardian Name(s):			
Home Phone:	Cell Phone:	Work Phone:	
Best Time to Call:	Morning	Afternoon	Evening Weekend
Email Address:			

I am interested in the following programs:
 Toddler Program Preschool Program (2-3's) Preschool Program (4-5's)
 Part Time Care Full Time Care Drop In Days

Days:	Monday	Tuesday	Wednesday	Thursday	Friday
Hours:	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

Additional Scheduling Information-

How did you hear about Ti Amore Children's Center?

-----For Center Use Only-----

Contact Dates	Type of Contact	Contacted By	Result

Intended Start Date: _____

Intended Schedule: _____

Class: Guppy Bug Monkey

Referral: Yes No _____