



2515 Wabash Avenue, Suite 200
St. Paul MN 55114



Owned and Operated by Ohana Service Associates, LLC.

Phone: 651.277.9409 Ext. 100
Director@lastingimpressionscc.net
Fax: 651.227.4950

APPLICATION FOR ENROLLMENT

Child's Name: _____ Gender: _____ Birth OR Due Date: _____

Home Address: _____
Street City State/Zip

Email address: _____
(To be used for correspondence related to enrollment)

Parent/Guardian Name _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Parent/Guardian Name _____ Cell Phone _____

Place of Employment _____ Work Phone _____

If parents/guardians do not live together, please list 2nd address: _____

Has your child previously been in out of home child care? If so, center or home? _____

Any medical or developmental concerns: _____

Desired Start Date? _____ Preferred Child Care Schedule _____

Is there flexibility in your start date or schedule? _____ If so, how? _____

How did you hear about Lasting Impressions? _____

Please submit a non-refundable \$75 application fee to Lasting Impressions to secure a spot on the waiting list. Fee is per family. Current LI families do not pay the application fee.

For Office Use Only:
Date of Tour _____ Application Sent _____ Application Received _____ Check Enclosed _____
Confirmation Letter e-mailed _____