

Pre-Enrollment Form

Name: _____

Phone Number(s): Home _____

Work _____

Cell _____

Child's Name and DOB: _____

Child's Name and DOB: _____

Please circle the type of care you need:

Part Time: T/TH M/W/F

Fulltime

School-Age

Summer Camp

Once enrolled in any of our part-time programs, these parents have first priority for full-time care (if full-time is needed)

When do you need care? _____

Date placed on waiting list: _____

*Please call bi-monthly to update your information

** Space is based on availability **