



Application for Admission Toddler Program

Observation Date: _____

Child's Visitation Date: _____

Anticipated Start Date: _____

Toddler **Half-Day** Program
8:00am-11:30am
5 Days M-F

Toddler **Full-Day** Program
8:00am-2:30pm
5 Days M-F

Student Information:

Male Female

Last Name First Name Middle Name

Preferred Name Date of Birth (MM/DD/YY) Age as of September 1st

Street Address City State Zip Code

Parent 1:

Last Name First Name Cell Phone Alternate Phone
Relationship to Applicant Father Mother Other, please specify: _____

Address Check here if same address as applicant City State Zip Code

Employer Name Business Phone Business Email

Parent 2:

Last Name First Name Cell Phone Alternate Phone
Relationship to Applicant Father Mother Other, please specify: _____

Address Check here if same address as applicant City State Zip Code

Employer Name Business Phone Business Email

Parent/Guardian Signature: _____

FOR OFFICE USE ONLY: Date application received: _____ Received by: _____

Application Fee - \$100 Check Cash Credit Card