



Application for Admission Toddler Program

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

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

Observation Date: _____ Child's Visitation Date: _____ Anticipated Start Date: _____

Student Information: Please Circle: 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 Preferred 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 Preferred Email

Parent/Guardian Signature: _____

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

Application Fee - \$110 ___ Check ___ Cash ___ Credit Card