



APPLICATION FOR ENROLLMENT

Today's Date _____

Child's Name _____ Gender M F

Date of Birth _____ Age _____

Parent(s) Name(s) _____

Address _____

City _____ State _____ Zip _____

Parent Phone Number _____ Email _____

Occupation/Employer _____ Occupation/Employer _____

I/We have attended a Tour on _____ I/We have NOT attended a tour _____

I would like to enroll my child in:

- Full-Day Program (8:00 a.m. to 5:30 p.m.)
- Half-Day Morning Program (8:30 a.m. to 12:30 p.m.) Half-Day
- Afternoon Program (1:00 p.m. to 5:00 p.m.)

Schedule:

- Mon - Fri
- Mon / Wed / Fri
- Tues / Thur

Proposed start date _____ Whom may we thank for this referral? _____

Previous childcare or preschool experience? _____

Briefly state what you are looking for in an early childhood program for your child _____

****Please submit application form along with a \$60 non-refundable, application fee. Please make check payable to Yvonne Hove.**