



# ENROLLMENT APPLICATION

TOP COPY – SCHOOL

BOTTOM COPY - PARENT

MOTHER INFORMATION				FATHER INFORMATION			
LAST NAME:		FIRST NAME:		LAST NAME:		FIRST NAME:	
HOME ADDRESS:			APT No.:	HOME ADDRESS:			APT No.:
CITY:		STATE:	ZIP CODE:	CITY:		STATE:	ZIP CODE:
HOME PHONE W/ AREA CODE:		CELL PHONE W/ AREA CODE:		HOME PHONE W/ AREA CODE:		CELL PHONE W/ AREA CODE:	
EMPLOYER NAME:		WORK PHONE W/ EXT:		EMPLOYER NAME:		WORK PHONE W/ EXT:	
EMPLOYER ADDRESS:				EMPLOYER ADDRESS:			
CITY:		STATE:	ZIP CODE:	CITY:		STATE:	ZIP CODE:
<b>PAYMENT SCHEDULE</b> (choose one):				<input type="checkbox"/> <b>MONTHLY</b> (DUE BY THE 1 <sup>ST</sup> OF EACH MONTH)		<input type="checkbox"/> <b>SEMI-MONTHLY</b> (DUE BY THE 1 <sup>ST</sup> & 15 <sup>TH</sup> OF EACH MONTH)	

CHILD INFORMATION			
<b>1</b>	CHILD'S FULL NAME:		ALLERGIES:
	DESIRED START DATE:	DATE OF BIRTH (MM/DD/YYYY):	NAME OF SCHOOL (FOR SCHOOL-AGE PROGRAM ONLY):
	<b>PROGRAM</b> (CHOOSE ONE): <input type="checkbox"/> 5-DAY (MON-FRI) <input type="checkbox"/> 3-DAY (MON, WED, FRI) <input type="checkbox"/> 2-DAY (TUE, THU) <input type="checkbox"/> CLOSED SCHOOL DAYS ONLY <input type="checkbox"/> BEFORE SCHOOL ONLY <input type="checkbox"/> AFTER SCHOOL ONLY <input type="checkbox"/> BEFORE & AFTER SCHOOL ONLY           NAME OF SCHOOL:		
<b>2</b>	CHILD'S FULL NAME:		ALLERGIES:
	DESIRED START DATE:	DATE OF BIRTH (MM/DD/YYYY):	NAME OF SCHOOL (FOR SCHOOL-AGE PROGRAM ONLY):
	<b>PROGRAM</b> (CHOOSE ONE): <input type="checkbox"/> 5-DAY (MON-FRI) <input type="checkbox"/> 3-DAY (MON, WED, FRI) <input type="checkbox"/> 2-DAY (TUE, THU) <input type="checkbox"/> CLOSED SCHOOL DAYS ONLY <input type="checkbox"/> BEFORE SCHOOL ONLY <input type="checkbox"/> AFTER SCHOOL ONLY <input type="checkbox"/> BEFORE & AFTER SCHOOL ONLY           NAME OF SCHOOL:		
<b>3</b>	CHILD'S FULL NAME:		ALLERGIES:
	DESIRED START DATE:	DATE OF BIRTH (MM/DD/YYYY):	NAME OF SCHOOL (FOR SCHOOL-AGE PROGRAM ONLY):
	<b>PROGRAM</b> (CHOOSE ONE): <input type="checkbox"/> 5-DAY (MON-FRI) <input type="checkbox"/> 3-DAY (MON, WED, FRI) <input type="checkbox"/> 2-DAY (TUE, THU) <input type="checkbox"/> CLOSED SCHOOL DAYS ONLY <input type="checkbox"/> BEFORE SCHOOL ONLY <input type="checkbox"/> AFTER SCHOOL ONLY <input type="checkbox"/> BEFORE & AFTER SCHOOL ONLY           NAME OF SCHOOL:		

**ENROLLMENT AGREEMENT:** I do hereby enroll my child(ren) listed above at Tooney Town Early Learning Center. I confirm that I have received and read the Parent Handbook and the Financial Agreement and will abide by the policies and procedures therein. I understand that there is no cash/check refund for my security deposit and that it is credited to my account only when at least a two-week notice of withdrawal is given. I also understand that all monies are non-refundable and there is no deduction for absences, holidays, snow days or teacher in-service days. I further agree not to hold Tooney Town Early Learning Center or any of its staff responsible for any possible illness, accident or injury, which may occur on premise or off premise during a field trip. Tooney Town Early Learning Center is also not responsible for my child's missing items. Upon signing below, I give my permission to Tooney Town Early Learning Center for photographs and/or videotapes including my child(ren) to be taken on premise solely for the purposes of and/or use in publications to promote and market the center.

\_\_\_\_\_  
PARENT NAME (PRINT)

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
DATE