



Enrollment Application

To be accompanied by non refundable registration fee \$75

Desired Start Date: _____ **Circle One:** Full Time or Part Time

Tuition Payment (**Circle One**): Private Pay ELRC (CCIS) Other

Child's Full Name: _____ Birthdate: _____

Home Address: _____

Parent's Name/Legal Guardian: _____

Address: _____

Phone Number: _____

Business Name: _____

Business Number: _____

Business Address: _____

Email: _____

Parent's Name/Legal Guardian: _____

Address: _____

Phone Number: _____

Business Name: _____

Business Number: _____

Business Address: _____

Email: _____

The following accomodation(s) may be required to most effectively meet the needs of my child while at the center:

Parent Signature: _____ Date: _____