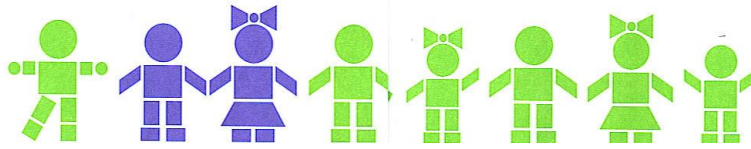


## Maple Tree Childcare Center Enrollment Application



Child's name \_\_\_\_\_ Gender: M F

Address \_\_\_\_\_

Street

City

Zip

Due date \_\_\_\_\_ or Birthdate \_\_\_\_\_ Age as of start date \_\_\_\_\_

Previous group experience \_\_\_\_\_

Referred by \_\_\_\_\_

Allergies/restrictions \_\_\_\_\_

Health or behavioral concerns \_\_\_\_\_

\_\_\_\_\_

Parents are:  Married       Together       Separated       Divorced  
 Other \_\_\_\_\_

### Mother's information:

Name	Home phone
Employer	Work phone
E-mail	Cell phone

### Father's information:

Name	Home phone
Employer	Work phone
E-mail	Cell phone

### Members of household:

Name	Age	Gender	Relationship

Over-

Child's age group:

- Infant (6wks-15 mos)
- Toddler (16 mos-35mos)
- Preschool (3 yrs-5 yrs)

Schedule information:

Usual arrival time \_\_\_\_\_ Usual departure time \_\_\_\_\_

- Full days, circle requested days    M    T    W    TH    F
- Mornings, circle requested days    M    T    W    TH    F
- Afternoons, circle requested days    M    T    W    TH    F

Requested start date \_\_\_\_\_

Month                      Day                      Year

*Please submit the \$100 registration fee plus 2 weeks tuition to secure your child's spot. Spots are approved on a space available basis. Your signature below indicates that you are enrolling your child in good faith and that you understand that the registration fee and pre-paid tuition fee are non-refundable.*

Signature of parent or guardian \_\_\_\_\_

Today's date \_\_\_\_\_



For office use:

Date received	
Check number	
Amount paid	\$
Enrollment packet received	
Orientation date	
Copies to	I      T      P      CS      PP

