



# Immanuel's Childcare Center

## Application for enrollment



### INFORMATION ABOUT YOUR LITTLE ONE

Name of Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Sex: (circle one) Male Female How did you hear about us: \_\_\_\_\_

### INFORMATION ABOUT PARENTS

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### GETTING TO KNOW YOUR CHILD BETTER

Has your child previously attended a preschool? \_\_\_\_\_

If so, please list school and age: \_\_\_\_\_

Is your child potty trained? \_\_\_\_\_

Do you attend church? \_\_\_\_\_ If so, where? \_\_\_\_\_

**SIBLINGS**

Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Age \_\_\_\_\_

**PROGRAM DESIRED**

*Please refer to the rates sheet and circle the desired class and schedule:*

Blueberries (6wks-15mths) Grapes (15mths-24mths) Kiwis (2y) Apples (3y) Oranges (4y)

5 full days   3 full days   2 full days   5 half days   3 half days   2 half days

Are you interested in extended hours? \_\_\_\_\_ Your requests will be discussed in person.

**IMPORTANT REGISTRATION INFORMATION**

- An annual registration fee of \$65.00 (non-refundable) is due with your application.
- All Maryland State Forms (supplied by school) must be filled out completely before your child can begin school.

Signature of Custodial Parent: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ office use only \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_

Payment made by: cash or check. Amount \_\_\_\_\_