

# The Learning Zone

## Application

Mom's name \_\_\_\_\_ Dad's Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Date of preferred enrollment \_\_\_\_\_

Days needed \_\_\_\_\_

Hours needed \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Has your child ever been in childcare? If yes...where? \_\_\_\_\_

Upon enrollment this form should be returned with a one month deposit

**Deposit is non-Refundable** \_\_\_\_\_ (Please initial)

Signature \_\_\_\_\_ Date \_\_\_\_\_