

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 _____