

**NEW CARROLLTON EARLY LEARNING CENTER
ENROLLMENT APPLICATION**

Name of child _____ Date of Birth _____

Home Address _____

Home Phone _____

Mother's Name _____ Father's Name _____

Mother's E-Mail _____

Father's E-Mail _____

Mother's Employer _____ Business Phone _____

Father's Employer _____ Business Phone _____

Previous Care Arrangements _____

Recommended By _____

When would you like your child to start? _____

Number of days attending _____

I understand that a _____ **NON-REFUNDABLE** enrollment fee must be paid upon acceptance of this application.

Parent Signature

Parent Signature

Date

[For Center use only]

Director's Signature _____ Date _____