



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 _____