

*Fenton Early Learning Center
Enrollment Application*

Date of Application: _____

Start Date: _____

Personal Information

Child's Name: _____ *Date of Birth:* _____

Home Address: _____

Mother's Name: _____ *Phone:* _____

Father's Name: _____ *Phone:* _____

Marital Status: _____ *Who has custody?* _____

Who is responsible for payments? _____

Program Information

Please indicate which program, days, and payment schedule you desire:

Infant *Toddler* *Beginning preschool* *Preschool* *Pre-K/young 5's*

Full day *Half day*

Monday *Tuesday* *Wednesday* *Thursday* *Friday*

Payment Options:

Monthly -1st of each month *Bi-weekly* *Weekly*

To enroll now or to reserve a spot for your child please return this completed form along with the one-time, non-refundable registration fee of \$75.

Parent Signature: _____ *Date:* _____

