

## Maple Tree Childcare Center Enrollment Application



Child's name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_

Street

City

Zip

Due date \_\_\_\_\_ or Birthdate \_\_\_\_\_ Age as of start date \_\_\_\_\_

Previous group experience \_\_\_\_\_

Referred by \_\_\_\_\_

Allergies/restrictions \_\_\_\_\_

Significant concerns \_\_\_\_\_

Parents are:  Married       Together       Separated       Divorced  
 Other \_\_\_\_\_

Mother's information:

Name	Home phone
Employer	Work phone
E-mail	Cell phone

Father's information:

Name	Home phone
Employer	Work phone
E-mail	Cell phone

Family members:

Name	Age	Gender	Relationship

Over-

Child's age group:

- Infant (6wks-15 mos)
- Toddler (16 mos-35 mos)
- Preschool (3yrs-5 yrs)

Schedule information:

Usual arrival time \_\_\_\_\_, Departure time \_\_\_\_\_

- Full days, circle requested days    M   T   W   TH   F
- Mornings, circle requested days    M   T   W   TH   F
- Afternoons, circle requested days    M   T   W   TH   F

Requested start date \_\_\_\_\_

Month

Day

Year

Upon confirmation of enrollment the non-refundable registration fee and two weeks tuition will be accepted. Thank you!



For office use:

Date received	
Check number	
Second mailing	
Orientation date	
Copies to	I   T   P

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