



Pre-Enrollment Application

A non-refundable new family registration fee of \$75.00 is due with this application.

PARENT / SPONSOR INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Employer _____ Department _____

Work Phone (Daytime) _____

Cell Phone _____

Home Phone _____

Email Address _____
(to receive Center emails)

PARENT / SPONSOR INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Employer _____ Department _____

Work Phone (Daytime) _____

Cell Phone _____

Home Phone _____

Email Address _____
(to receive Center emails)

CHILD'S NAME _____

DATE OF BIRTH / DUE DATE _____

CHILD'S NAME _____

DATE OF BIRTH / DUE DATE _____

CHILD'S NAME _____

DATE OF BIRTH / DUE DATE _____

My children/child will need care by (date): _____

Hours of Care requested: (Sycamore Tree Hours 6:00am-6:00pm)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

OFFICE USE ONLY:
CHECK # AND DATE OF
DEPOSIT (CIRCLE): \$75

READ AND SIGN: I am aware that my child's enrollment is contingent on availability and may not meet my requested start date.

Signature

Date