



# 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 \_\_\_\_\_ Dept: \_\_\_\_\_

Work Phone (Daytime) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_  
(to receive Center emails)

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Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Work Phone (Daytime) \_\_\_\_\_

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Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_  
(to receive Center emails)

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of Birth / Due Date \_\_\_\_\_

Date of Birth / Due Date \_\_\_\_\_

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
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**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

