



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)

PARENT/SPONSOR INFORMATION

Name _____

Address _____

City _____ State: _____ Zip: _____

Employer _____ Dept: _____

Work Phone (Daytime) _____

Cell Phone _____

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

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. I understand that my \$75 registration fee secures my spot on the waiting list, and does not guarantee acceptance into the program.

 Signature

 Date