



Pre-Enrollment Application

A Non-refundable new family registration fee of \$125.00 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 child(ren) will need to start care by (date): _____

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

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

OFFICE USE ONLY
 (CIRCLE ONE)
 Credit Card POS
 Cash
 Check # _____
 Date: _____

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 non-refundable \$125 registration fee secures my spot on the waiting list, and does not guarantee acceptance into the program.

 Signature

 Date