



2253 American Way
Port Allen, LA 70767
(225) 749-4004
www.RHELCC.com

Enrollment Form

Completion of this form along with a \$100.00 registration fee (Before/After Care \$50 Registration Fee) is required for enrollment. This form needs to be submitted along with the registration fee to hold a spot for future enrollment. **Failure to start at the stated time, could result in forfeiture of your child's spot and registration fee.**

Child 1 Name: _____ Age: _____ DOB: _____ Sex: F M

Child 2 Name: _____ Age: _____ DOB: _____ Sex: F M

Child 3 Name: _____ Age: _____ DOB: _____ Sex: F M

Address: _____

Parent or Guardian: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Is your child a newborn? YES NO Mother's Due Date: _____

Date you wish your child start: _____

Were you referred by a current student of RHCCC? YES NO By Who _____

Has your child previously attended a childcare center? YES NO

If so, where: _____

Have you or do you plan on applying for Child Care Assistance? YES NO Date Applied: _____
(Child Care Assistance Not Accepted for Before/After Care)

Rocking Horse Child Care Center cannot reserve a spot for your child until we have received the completed New Enrollment Form and the non-refundable registration fee. If your child does not start at the specified time, we cannot guarantee your spot will be available at a later date.

Parent Signature

Date

For Office Use Only:		Entered in Procure : Yes No	
Registration Fee Paid: _____	Date _____	Cash	Check # _____ Credit Card