

Bedford Children's Center

Application for Enrollment Consideration

Date: _____

Child's Name: _____

Date of Birth: _____ Allergies: _____

Potential Start Date: _____

Hours:

- ☐ 7:30-5:30
- ☐ 8:00-4:00

Days:

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday

Parent Information

Parent Name: _____ Phone #: _____

Parent Name: _____ Phone #: _____

Email: _____

Email: _____

Payment Details

\$100 registration fee required, non refundable.
(Only applies to new families, not currently enrolled families)

Payment method: ☐ Check ☐ Cash

Checks can be made out to Bedford Children's Center.

- ☐ **I understand the \$100 registration fee is non refundable even if I cancel my registration.**
- ☐ **I acknowledge that this application does not guarantee a placement for my child.**

Signature