



I Love to Learn, LLC
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Mosinee, WI 54455
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ENROLLMENT APPLICATION
Email to: ilovetolearn456@gmail.com

Child's Name :	Date of Birth
Address:	Grade Completed: <small>(For school age children)</small>
City, State, Zip:	Male/Female
Who does child live with?	

Parent #1 Name:	Parent #2 Name:
Parent #1 Address:	Parent #2 Address:
Parent #1 Contact Info: Email: Cell Phone: Work Phone: Home Phone:	Parent #2 Contact Info: Email: Cell Phone: Work Phone: Home Phone:

Most Recent Child Care Program Attended:
Contact Person & Phone Number:

ENROLLMENT REQUEST:

- FULL TIME (3-4 days/week)
- PART TIME (1-2 days/week)
- 4K Afternoons Only OR School-age After School

Hours Needed: (Program hours are 7:30 am to 5:30 pm)

Monday	From:	To:
Tuesday	From:	To:
Wednesday	From:	To:
Thursday	From:	To:

What do you see as your child's strengths?

What are some areas that your child may need extra support?

What are your child's favorite activities?

Does your child require a special diet? If yes, please share details.

Does your child have an IEP/IFSP or require any special accommodations?

What else would you like to share about your child?

What are you looking for from a child care provider?