

Application Fee: \$150

Jenkins Hill Child Development Center

1527 Pennsylvania Avenue, SE
Washington, DC 20003
(202) 543-4664
Director@jenkinshillcdc.org

Received	
Activated	
Offer Slot	
Deferred	
Start Date	

Application for Enrollment

Preferred Start Date _____

Child _____
First Middle Last Male Female

Date of Birth _____ **Date Due** _____

Parent 1 _____
First Last

Home Address _____
Number Street City State Zip

Business Address _____
Number Street City State Zip

Home Phone _____ Work Phone _____ Cell _____

Primary Email Address _____

Parent 2 _____
First Last

Home Address _____
Number Street City State Zip

Business Address _____
Number Street City State Zip

Home Phone _____ Work Phone _____ Cell _____

Primary Email Address _____

Other Contact _____
First Last

Home Address _____
Number Street City State Zip

Business Address _____
Number Street City State Zip

Home Phone _____ Work Phone _____ Cell _____

Relationship to child _____

Signature of Parent _____ **Date** _____

Application expires 1 year from the date signed/Application or fee is non-transferable