

Great Lakes Learning Center

ENROLLMENT APPLICATION

DATE OF TOUR: _____

INFORMATION ON CHILD(REN):

Full Name: _____

Birthdate: _____

Full Name: _____

Birthdate: _____

Full Name: _____

Birthdate: _____

Full Name: _____

Birthdate: _____

REQUESTED START DATE: _____

Please indicate care needed:

DAYS:

____ Monday

____ Tuesday

____ Wednesday

____ Thursday

____ Friday

HOURS:

____ to ____

____ to ____

____ to ____

____ to ____

____ to ____

INFORMATION ON PARENTS/GUARDIANS:

Parent/Guardian 1's First & Last Name: _____ Legal Guardian? (circle one) Y N

Parent/Guardian 2's First & Last Name: _____ Legal Guardian? (circle one) Y N

Parent/Guardian 1's Phone: _____

Parent/Guardian 2's Phone: _____

Parent/Guardian 1's Employer: _____ Work Hours: _____

Parent/Guardian 1's Work Address: _____

Parent/Guardian 2's Employer: _____ Work Hours: _____

Parent/Guardian 2's Work Address: _____

Method of Payment: Private Pay: _____ State/County Assistance: _____

There is a \$50 non-refundable registration fee payable at the time of application. This fee is to help defray the cost of insurance for the child(ren), processing the application and filling out necessary forms to comply with state licensing regulations.