



## APPLICATION FOR ENROLLMENT

Please complete one application for **each** child

**Child's Name** \_\_\_\_\_ Sex: M\_\_F\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Email Address** \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

My Child will begin attending Children's Garden Learning Center on \_\_\_\_\_ (mm/dd/yy)

My Child will attend Children's Garden Learning Center \_\_\_\_\_ full time \_\_\_\_\_ part time  
 \_\_\_\_\_ drop in \_\_\_\_\_ before/after school

If part time, circle the days you plan for your child to attend:     M     T     W     Th     F

I will bring my child to Children's Garden Learning Center at approximately \_\_\_\_\_ AM daily

I will pick up my child at Children's Garden Learning Center at approximately \_\_\_\_\_ PM daily

Referred By: \_\_\_\_\_ (Employee/Doctor/Newspaper/Parent)

A non-refundable registration fee of \$30 must accompany this form. Make checks payable to:  
**Children's Garden Learning Center, LLC**

Signed \_\_\_\_\_  
 Parent's Signature

Date \_\_\_\_\_  
 Today's Date

**Children's Garden Learning Center, One Garden Drive, Carlinville, IL 62626 217-854-2226**