

# Little Darlings CLC

## Enrollment Application

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Start Date: \_\_\_\_\_

Days of attendance: \_\_\_\_\_ Hours of care needed: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

SSN: \_\_\_\_\_ Driver's License number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

SSN: \_\_\_\_\_ Driver's License number: \_\_\_\_\_

By signing below I am acknowledging that the registration fee of \$\_\_\_\_\_ and the security deposit of \$\_\_\_\_\_ is non refundable should my child not start.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Received: \$\_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_