l Year:	CARE-A-LOT Early Learning Centers		's Date:
	6441 N. Central Avenue		
	CHILD APPLICATION FOI		
Name of child:	Date of Bi	rth:/	
		mo. day yr.	
Address:	(City) P	hone:	
(Street#)	(City) (Zip)		
Name of Parent/Guardia	nn: Father:H	ome Phone:	
	Address:	Zip:_	
	Mother:	Home Phone:	
	Address:	Zip:_	
Marital Status: Single_	Married Divorce	ed Separated	
Others in Household:			
Father Employment:	Place of Work	Hours:	to
	Occupation:		
	Address:		
	(Street#)	(City)	(Zip)
Cell Phone:	Work Phone:	Home Phone	
	DI CXX/ I	II	4.0
	Place of Work	Hours:	10
Mother Employment	/ looungtion:		
Mother Employment	Occupation:		
Mother Employment	Address:	(0:)	- (TI:)
	Address:(Street#) Work Phone:	(City)	

1. A non-refundable registration fee of \$50.00 must accompany this application. (registration fee and deposit will only hold a spot for one year from date on this form)

From:____ To:____

2. One week tuition must be paid in advance and submitted with this application. This advance tuition payment will be refunded as payment for your child's last week at school as long as you have given a written two week notice that he/she will no longer be attending. Note: 1st a written 2 wk. notice, then deposit is refunded as payment for the third week. This advance payment may not be refunded as a cash payment or as payment for the first or second week of notice.

Signature:				(Mother) (Father)	
For School Use Only	•				
Approved:		Date:			
	(Director Signature)				
Registration fee					
Paid:	Check#:	Cash:	Date:		
1 Week Tuition:	***************************************				
Paid:	Check#:	Cash:	Date:		