

ECYC ENROLLMENT APPLICATION

RETURN THIS APPLICATION WITH A NON-REFUNDABLE \$75.00 APPLICATION FEE

Child's Name _____

Child's Due Date _____ OR Child's Birth Date _____

Contact Information

Parent/Guardian Name _____ Relation to Child _____

Cell Phone Number _____ Email _____

Work Firm _____ Work Phone Number _____

Parent/Guardian Name _____ Relation to Child _____

Cell Phone Number _____ Email _____

Work Firm _____ Work Phone Number _____

Street Address _____ City _____ State _____ Zip Code _____

Desired Entry Date _____ Child's Age at Entry: _____

Desired Days **5 days** **4 days** **3 days** **2 days**

Desired Schedule **M** **T** **W** **Th** **F**

Applications are filed according to the application's payment date and desired entry date indicated on the form.

Comments and/or Special Needs _____

Welcome Buddy Program

ECYC has a "Welcome Buddy Program," as part of our Parent Liaison Group. The goal of the program is to welcome new children and families to ECYC, facilitating early friendships and easing the transition to the center. If your application is accepted, please indicate below if you would like to be contacted by a "Buddy" in your child's age group prior to your start date.

Yes, please connect me with a Buddy No, I don't want to connect with a Buddy

I understand that filling out an application in no way guarantees my child a space in the Center. I realize that it will be my responsibility to maintain contact with the Center as to my status on the waiting list and inform the Center of any changes that will affect the desired starting date of my child and my ability to be contacted.

Please type in your first and last name in the signature box below. By typing your name into the box below you attest that you are signing this document electronically.

(Parent/Guardian Signature)

(FOR CENTER USE ONLY)

(Date)

Payment Method: