

ECYC RE-ENROLLMENT APPLICATION

\$ 175.00 ENROLLMENT FEE IS DUE WITH APPLICATION

Child's Name _____

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 _____

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.

_____ (Parent/Guardian Signature)

_____ (Date)

(FOR CENTER USE ONLY)

Payment Method: