Providence Child Care & Learning Center

APPLICATION FOR ENROLLMENT

2025-2026 School Year

Child's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone:_____

Mother's Name:_____ Occupation:_____

Office Phone: _____ Cell: _____ Email: _____

Address & Phone (if different from child's): _____

Phone Number where you can be reached at all times:_____

Father's Name:_____ Occupation:_____

Office Phone: _____ Cell: _____ Email: _____

Address & Phone (if different from child's): _____

Phone Number where you can be reached at all times:_____

Background:

Child lives with:_____
Siblings (Name and ages): _____
Previous child care experiences:_____ Fears:_____
Favorite activities: _____ Interests: _____
Characteristic Behavior: (please circle) *friendly shy happy calm aggressive energetic cooperative*

Three's Class and Pre-K class must attend a Full Time, Tues + Thurs, or Mon, Wed, Fri Schedule

Consent:

I,_____ (Parent/Gurdian), wish to enroll my child_____in the child care center program for the following schedule. Days:_____ Hours:_____
Start date:_____. Enclosed is the $130.00 (non-refundable) registration fee and one week's tuition of $_____as a deposit. I have read and understand all policy information and agree to comply with these policies.

Signature:_____ Date:_____

***If your child has an IEP/IFSP, a copy must be attached to this Enrollment form.**