Creating Connections Early Learning Center

APPLICATION INFORMATION

Child's Name _____DOB/Due Date_____

	Parent/Guardian 1	Parent/Guardian 2
Names: Parent/Guardian	_____	_____
Address	_____	_____
City/Zip	_____	_____
Home Phone #	_____	_____
Work Phone #	_____	_____
Cell Phone #	_____	_____
E-Mail Address	_____	_____

Schedule for Care: Our Centers are open from 7:00am to 5:00pm, Monday through Friday.

Please state the 9 hour period you are requesting:

Hours: _____ a.m. to _____p.m.

Requested Start Date: _____ Flexibility with start date: ____ yes ____ no

Additional Information: _____

_____

This application indicates your interest in our program. Please return this application with a $20.00 non-refundable processing fee per family. Checks can be made out to LEARN. You will then be included in our application pool.

Office Use: Application Date: _____ Check#_____