

**ECYC RE-ENROLLMENT APPLICATION**

**\$150 ENROLLMENT FEE IS DUE 1 MONTH PRIOR TO ENROLLMENT**

Child's Name: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_

Mother/Guardian/Domestic Partner \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Father/Guardian/Domestic Partner \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ E mail: \_\_\_\_\_

Desired Entry Date: \_\_\_\_\_ Child's Age at Entry Date: \_\_\_\_\_

**Desired days:**    \_\_\_\_\_ 5 days    \_\_\_\_\_ 4 days    \_\_\_\_\_ 3 days    \_\_\_\_\_ 2 days

**\*Applications are filed according to the application 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.

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)

\_\_\_\_\_  
(Date)

**(FOR CENTER USE ONLY)**