

**ECYC ENROLLMENT APPLICATION**

**RETURN THIS APPLICATION WITH A NON-REFUNDABLE \$50.00 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) \_\_\_\_\_  
(Date)

**(FOR CENTER USE ONLY)**

	<b>Payment Method:</b>
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