



EARLY LEARNING CENTER
3070 Redwood
Ann Arbor, MI 48108
(734) 973-7722
email: info@elcpreschool.com
fax: (734) 477-9362
website: www.elcpreschool.com

Office Use Only

Date _____
Time _____
_____ \$ _____
Initial _____

APPLICATION FOR ENROLLMENT

Child's Name _____ Birthdate _____

Nickname (spoken and written in school) _____ Sex M F

Parents' Names (Both first names, please)

_____ Family
_____ Email _____

Street _____ City _____

Zip Code _____ Phone _____

Father's Employment _____

Work Phone _____ Hours _____ Cell Phone _____

Mother's Employment _____

Work Phone _____ Hours _____ Cell Phone _____

Names and dates of birth of siblings: _____

Child's previous pre-school experiences: _____

Concerns which may affect child's participation in class: _____

Allergies _____

Please circle class sessions desired: 3 year old class 4 year old class

Morning Class Session 8:45 - 11:45 Mon. Tue. Wed. Thur. Fri.

Afternoon Class Session 12:30 - 3:30 Tue. Wed. Thur.
(Wed. for 4's only)

Please circle how you would like to be invoiced: Monthly Semester Yearly

How did you hear about The Early Learning Center? _____

Parent's Signature _____ Date: _____