



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

<b>Office Use Only</b>	
Date	_____
Time	_____
#	\$_____
Initial	_____

**APPLICATION FOR ENROLLMENT**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Nickname (spoken and written in school) \_\_\_\_\_ Sex M F

Parents' Names (Both first and last names, please)

\_\_\_\_\_ Family  
 \_\_\_\_\_ Email \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Parent's Employment \_\_\_\_\_

Parent's Employment \_\_\_\_\_

Names and dates of birth of siblings: \_\_\_\_\_

Child's previous pre-school experiences: \_\_\_\_\_

Concerns/Allergies which may affect child's participation in class: \_\_\_\_\_

Please check which class & circle the days you are interested in:

Three Year Old Caterpillar Class

Mornings 8:45-11:45 am	MWF	T/TH
Afternoon Extensions 11:45- 2:15pm	M W	T TH

Four Year Old Butterfly Class

Mornings 9:00am – 12:00 pm	MWF	T/TH
Afternoon Extensions 12:00- 2:15 pm	M W	T TH

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: \_\_\_\_\_