



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 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:

3 year old class (Caterpillar Room)

Morning Session, 8:45-11:45am Mon./Wed./Fri. Tues./Thurs.

4 year old class (Butterfly Room)

Morning Session, 9:00am-12:00pm Mon./Wed./Fri.

Half Day, Tuesday 9:00am-12:00pm

with Full Day Thurs. 9:00am -3:30 pm Tues./Thurs.

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: _____