

# TREASURE HOUSE CHILD DEVELOPMENT CENTER ENROLLMENT APPLICATION

Date \_\_\_\_\_ Center \_\_\_\_\_

Mother's Name \_\_\_\_\_

Primary Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address \_\_\_\_\_

Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address \_\_\_\_\_

1. Child's Name _____		Birthday _____		M or F (Circle)			
Program: _____		Infant _____	Toddler _____	Preschool _____	Pre-K Counts _____	Before School _____	After School _____
_____ Monday	_____ Full Day	_____ Part Day	_____ Arrival Time	_____ Departure Time			
_____ Tuesday	_____ Full Day	_____ Part Day	_____ Arrival Time	_____ Departure Time			
_____ Wednesday	_____ Full Day	_____ Part Day	_____ Arrival Time	_____ Departure Time			
_____ Thursday	_____ Full Day	_____ Part Day	_____ Arrival Time	_____ Departure Time			
_____ Friday	_____ Full Day	_____ Part Day	_____ Arrival Time	_____ Departure Time			
<b>If School Age Enrollment:</b>		School Attending _____		Grade _____			

2. Child's Name _____		Birthday _____		M or F (Circle)			
Program: _____		Infant _____	Toddler _____	Preschool _____	Pre-K Counts _____	Before School _____	After School _____
_____ Monday	_____ Full Day	_____ Part Day	_____ Arrival Time	_____ Departure Time			
_____ Tuesday	_____ Full Day	_____ Part Day	_____ Arrival Time	_____ Departure Time			
_____ Wednesday	_____ Full Day	_____ Part Day	_____ Arrival Time	_____ Departure Time			
_____ Thursday	_____ Full Day	_____ Part Day	_____ Arrival Time	_____ Departure Time			
_____ Friday	_____ Full Day	_____ Part Day	_____ Arrival Time	_____ Departure Time			
<b>If School Age Enrollment:</b>		School Attending _____		Grade _____			

3. Child's Name _____		Birthday _____		M or F (Circle)			
Program: _____		Infant _____	Toddler _____	Preschool _____	Pre-K Counts _____	Before School _____	After School _____
_____ Monday	_____ Full Day	_____ Part Day	_____ Arrival Time	_____ Departure Time			
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_____ Friday	_____ Full Day	_____ Part Day	_____ Arrival Time	_____ Departure Time			
<b>If School Age Enrollment:</b>		School Attending _____		Grade _____			

Check One:

\_\_\_\_\_ Private Pay \_\_\_\_\_ UW Scholarship \_\_\_\_\_ SA Scholarship \_\_\_\_\_ Employee \_\_\_\_\_ CCIS (County \_\_\_\_\_)

I would like my child(ren) to begin: \_\_\_\_\_

**Please return this completed application to the Center Director. At the time enrollment is offered, you will be asked to sign a Contract for Services/Fee Agreement detailing your child's enrollment, tuition, and security deposit information. Your child's enrollment in the program will not be confirmed until the Fee Agreement is signed and all deposits are paid. For CCIS families, it is the responsibility of the parent to contact your Case Worker to confirm CCIS enrollment and funding.**

OFFICE USE ONLY:

Total Weekly Tuition Payment \_\_\_\_\_ Approved Start Date \_\_\_\_\_

AR Specialist \_\_\_\_\_ Date \_\_\_\_\_

Enrollment Specialist \_\_\_\_\_ Date \_\_\_\_\_