



Enrollment Application

Today's Date: _____

Start Date: _____

Program desired:

Infant Toddlers Two Preschool Kindergarten

Child's Last Name: _____ First Name: _____

Nickname: _____ Age _____ Sex _____

Birthdate: _____

Mother's Name: _____

Address: _____

Cell Number: _____ Home Number: _____

Employer: _____

Position: _____ Work Number: _____

Email Address: _____

Father's Name: _____

Address: _____

Cell Number: _____ Home Number: _____

Employer: _____

Position: _____ Work Number: _____

Email Address: _____

Does your child have any of the following? Please explain.

Hearing impairment? _____

Vision problems? _____

Speech or language difficulties? _____

Allergies? _____

Any problems at birth? _____

Behavioral or emotional problems? _____

Any other special conditions? _____

Is there any thing else that would be helpful for us to know about your child to assist us in his/her adjustment into our program?

A Registration Fee is \$110; I understand that this fee is non-refundable.

A Deposit Fee is \$250; I understand that this fee is refundable after I have withdrawn my child from Play and Learn at Dulles Corner.

The waiting list spot is valid for 1 (one) year from the date of this application.

Parent Signature

Date

Administration Signature

Date

For Office Use Only

Registration Fee\$_____ Check#_____ Credit Card Payment_____ Date:_____

Deposit\$_____ Check#_____ Credit Card Payment_____ Date:_____