

APPLICATION FOR ENROLLMENT

Date:			
Child's name:		Nick name:	
Male:	Female:	Birthdate	
Home Address:			
		Zip:	
Mother's name:			
Home phone:	work phone:		
Cell phone:			
e-mail			
Father's name:			
Home phone:	work phone:		
e-mail:			
How did you hear	about Marina Ch	ildren's Center?	
	PROGRAN	M PREFERENCE	
Half Day:	8:00 - 1:00pm		
Full Day:	8:00	0 - 6:00pm	- -
Days needed, your	choices are: M-	F, MWF or TTH	
Mon:Tues.	.: Wed.:	Thurs.:	Fri.:
Are you flexible w	ith days?:		
Note to Director:_			