## **Enrollment Application**

Payment Information/Check #

Received By:



Initials

Open Space Early Learning Center accepts applications year round for children ages 6 weeks to 6 years. Admission is based on application date and availability within the program but also takes into account flexibility in regards to start date and full vs part time availability.

Child's Name:	Gender:	Date of Birth/Due Date:	
Desired Start Date:	□ Five Days	s 🏻 Three Days (MWF) 🗀 Two Days (	ттн)
Child's Name:	Gender:	Date of Birth/Due Date:	
Desired Start Date:	□ Five Days	s ${}^{\square}$ Three Days (MWF) ${}^{\square}$ Two Days (	ттн)
Parent/Guardian Name 1:		Email:	
Cell Phone:	Work Phone:	Home Phone:	
Home Address:			
City:	State:	Zip Code:	
Parent/Guardian Name 2:		Email:	
Cell Phone:	Work Phone:	Home Phone:	
Home Address:			·
City:	State:	Zip Code:	
Signature of Parent/Guardian:		Date:	
<ol> <li>The \$100 application wait list. This fee car</li> <li>Once a spot has bee the next family.</li> <li>If you choose to acce</li> </ol>	n fee is non-refundable and must ke n be paid by check or electronically n offered, you will have 24 hours t ept, you will have one week from t care at a later date, you are still re	ove understands and accepts the follow be paid in full prior to being placed on one. There is a \$25 returned check/decline to accept or decline the space before we she date that the space is available to stapponsible for payment. Should you choose	ur admissions and ed CC fee. e begin to contact eart care. Should
Please note: Submission of	this form does not guarantee enro	ollment for your child. Should your enr	ollment be
accepted, you will be promp	otly notified, in writing, of our pro	gram availability and start date.	
For Office Use Only:			<del> </del>
Initial Contact Date	Date confirmed/denied enrollment	Enrollment Date	Initials

Discharge Date