



ENROLLMENT APPLICATION

Child's Name _____ Child's Birthday or Due Date _____
Address _____ Gender _____
_____ Start Date _____

Enrollment (circle): Full-Time Part-Time (Mon Tues Wed Thurs Fri) Drop-In

MOTHER'S INFORMATION

Name _____
Address _____

Cell Phone _____
Home Phone _____
Email _____
Employer _____
Work Phone _____

FATHER'S INFORMATION

Name _____
Address _____

Cell Phone _____
Home Phone _____
Email _____
Employer _____
Work Phone _____

How did you find out about Quala Care?

Passing By, Internet site _____, Flyer posted at _____,
Advertisement in _____, Recommended by _____

***A \$100.⁰⁰ non-refundable registration fee must accompany this application.
A non-refundable security deposit equal to one week of tuition is necessary to reserve a space for your child and is due within 30 days of being notified of an available space for your child.
This deposit will be applied to your child's final balance after you provide two weeks notice of your intent to leave the Center.***

Signature _____ Date _____