



ENROLLMENT APPLICATION FORM

(To be returned at time of application with \$ 50 application fee)

Name of Parents	Address
Phone Numbers	Email
Child's Name	Date of Birth

Requested Begin Date: _____

By signing and submitting an application fee, I understand that Semillitas Child Development Center will consider enrollment of my son/daughter based on available spaces in the program. I understand that the factors for enrollment and wait list priority are as follows: 1.) Age of child corresponding to open spots available, 2.) Sibling preference, and 3.) Date of application. I further understand that once a spot becomes available Semillitas Child Development Center will inform me of a start date and necessary forms submission and tuition payment arrangement deadlines.

Printed Name

Signature

Date