

**ENROLLMENT APPLICATION**

**The Children's Place  
1336 Arroyo Avenue  
San Carlos, CA 94070  
(650) 595-1910**

**Today's Date:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Birth**

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone #:**

\_\_\_\_\_

**email contact:**

\_\_\_\_\_

**Co-Parent:** \_\_\_\_\_

**Co-Parent:**

\_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:**

\_\_\_\_\_

\_\_\_\_\_

**Employer:** \_\_\_\_\_

**Employer:**

\_\_\_\_\_

**Address:** \_\_\_\_\_

**Address:**

\_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Work Phone:**

\_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Child Living With:** \_\_\_\_\_

Number of days per week requested: 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ 5 \_\_\_

Days of the week requested: M T W Th F

Is your child potty trained? Yes \_\_\_ No \_\_\_ In progress \_\_\_\_\_

Please return this form with a non-refundable registration fee of \$75.00.

Make check payable to The Children's Place.

**An additional non-refundable deposit of \$100.00 is due with this application.**

An additional amount equal to ½ months tuition is due 8 weeks before the enrollment date or by July 1 before the fall semester.

The deposit will be credited to your first month's tuition.

Date you would like your child to begin at The Children's Place: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian's Signature

By: \_\_\_\_\_

Sing-up Fee: \$75.00

Deposit: \_\_\_\_\_

Total due: \_\_\_\_\_