

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 for all enrolled in 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

Registration Fee: \$75.00

Deposit: _____

Initial Deposit: _____

Total due: _____ By: _____