

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

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

**email contact:** \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

**Cell Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**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 \$150.00

Make check payable to The Children's Place.

**An additional non-refundable deposit of 1/2 month's tuition is due with this application.**

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

Sign-up Fee: \$250.00

Deposit: \_\_\_\_\_ (1/2 Month tuition)

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