

**By Leaps and Bounds Childcare and Preschool
Enrollment Application**

Today's Date _____ Preferred Starting Date _____
Child's Name _____ Date of Birth _____
Address _____ Home Phone _____

Yellow (6 weeks – 1 year) Green (1-2 yrs) Orange (2-3yrs) Red (3-4yrs) Blue (5yrs)

Due Date _____ Length of Maternity Leave _____

Mother's Name _____ Cell Phone _____
Place of Employment _____
Business Phone _____ Scheduled Work Hours _____
E-mail Address _____

Father's Name _____ Cell Phone _____
Place of Employment _____
Business Phone _____ Scheduled Work Hours _____
E-mail Address _____

Recommended by: _____

Requested Hours of Enrollment:

Monday _____ a.m. to _____ p.m. Note: _____

Tuesday _____ a.m. to _____ p.m. Note: _____

Wednesday _____ a.m. to _____ p.m. Note: _____

Thursday _____ a.m. to _____ p.m. Note: _____

Friday _____ a.m. to _____ p.m. Note: _____

***Children may be in care for up to 10 hours per day.**

For Center Use Only:

Annual Registration Fee \$ _____ Paid Check # _____ Date _____

***Non-refundable enrollment fee due at time of enrollment.**

1st Week's Tuition Amount \$ _____ Paid Check # _____ Date _____

***First week's tuition due when a start date is determined based on availability.**

Approved Starting Date: _____ Classroom _____

Additional Comments: _____