

Date: _____

**Reba Early Learning Center
Enrollment Application**

Child's Name: _____

Date of Birth: _____ Gender: _____ Age: _____

Guardian(s): _____

Address: _____

Phone: Hm: _____ Wk: _____ Cell: _____

Email: _____

Is there anything we need to know about your child in order to plan for a successful experience for him/her and your family?

Allergies/medications? _____

Asthma/other medical information? _____

Dietary restrictions? _____

Is your child receiving any special services? ie; IEP, IFSP, SPPAC, DCFS? _____

If so, please explain: _____

Application Deposit: \$ _____

Room Assignment: _____

Start Date: _____ **Half Day:** _____

Full Week: _____ **Part Week:** _____

Executive Director: _____ Guardian(s): _____