

Adams Street Early Learning Center
School Year _____

Child's Name _____ DOB _____

Name of Parents _____

Address _____

Telephone _____ Email _____

3-Year-Old Class: Half Days 8:45-11:30 Full Days 8:45-2:30 (pick days)

3 Half Days _____ 3 Full _____

4 Half Days _____ 4 Full _____

5 Half Days _____ 5 Full _____

4-Year-Old Class 8:45-2:30 (pick days)

3 Full _____

4 Full _____

5 Full _____

Early Drop Off – 8:00-8:45 (Full Year Commitment)

Yes or No

Extended Day (Full Year Commitment)

3:30 4:00 4:30

A ***non-refundable deposit*** in the amount of \$500.00 is required to guarantee the requested program for my child. I understand by signing this application, I am accepting the spot for the designated year. Any refunds will be determined by director on a case to case basis.

Signature _____ Date _____