

Adams Street Early Learning Center 20____-20____

Child's Name _____ DOB _____

Name of Parents _____

Address _____

Telephone _____ Email _____

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

**Put down 1st/ 2nd choices for days preferred. We will do our best to give 1st choice if available

3 Full _____ 3 Full _____

4 Full _____ 4 Full _____

5 Full _____ 5 Full _____

COVID ONLY If we need to stay with the current set up of small cohorts with 3 or 4 day options only. Please mark 1st/2nd choices. We can offer **only some flexibility** if this is the option we need to go with.

Mon/Tues/Wed _____

Mon/Tues/Thurs _____

Mon/Wed/Thurs _____

Tues/Wed/Thurs _____

Flexible with days _____

Mon/Tues/Wed/Thurs _____

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

Yes or No

Extended Day (Full Year Commitment)

3:30 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 _____