



NORTH HURON EARLY LEARNING CENTER

Enrollment Application

Parent/Guardian #1: _____

First Name Last Name

Address: _____

Street City State Zip Code

Employer: _____

Company Name Phone Number

Contact Number: _____

Email Address: _____

Parent/Guardian #2: _____

First Name Last Name

Address: _____

Street City State Zip Code

Employer: _____

Company Name Phone Number

Contact Number: _____

Email Address: _____

Child(ren) lives with: parent/guardian #1 parent/guardian #2
 both

Child care is needed for the following children:

First Name Last Name D.O.B

First Name Last Name D.O.B

Signature of Parent/Guardian **Date**

| | | | |
|---------------------|----------|-----------|----------|
| For Office Use Only | | | |
| Infants | Toddlers | Preschool | Latchkey |

Care needed these days of the week:

Monday

Tuesday

Wednesday

Thursday

Friday