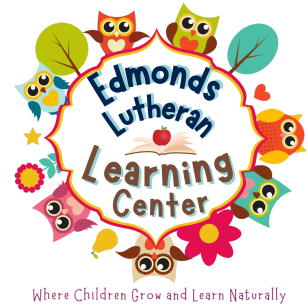


ELLC Childcare Family Interest Form



Child's Full Name (First and Last): _____

Gender: _____

Date of Birth: _____

Classroom of Interest: _____

Days Per Week Requested:

Projected Start Date: _____

Mon Tues Wed Thurs Fri

Private Pay Tuition Amount _____

DCYF Subsidy: Applied _____ Approved _____

Registration Fee Paid (\$250) _____

Tuition Deposit(\$200) _____

*Please note that the Tuition deposit will be applied to your last month's tuition with proper written notice of withdrawal.

Please provide a current copy of your child's immunization record prior to beginning care.

Family Information:

Primary Guardian Full Name: _____

Relationship to Child: _____

Address: _____

Primary Phone: _____

Email Address: _____

Occupation: _____

Best way to Contact: Brightwheel: _____ Call: _____

Secondary Guardian Full Name: _____

Relationship to Child: _____

Address: _____

Primary Phone: _____

Email Address: _____

Occupation: _____