

# Black Rock Learning Center

## Enrollment Application\*

301-515-4944

Parents/ Guardians Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mom's e-mail: \_\_\_\_\_

Dad's e-mail: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_

Mother's Work Telephone: \_\_\_\_\_ Cel \_\_\_\_\_

Father's Employer: \_\_\_\_\_

Father's Work Telephone: \_\_\_\_\_ Cel \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Name of child's previous day care / center: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Reason leaving: \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

When is your child's naptime? \_\_\_\_\_

Child's Physician Name: \_\_\_\_\_ Phone No \_\_\_\_\_

**What does your child like most / do well?**

\_\_\_\_\_

**What does your child dislike / don't like to do?**

\_\_\_\_\_

**What are you looking for in our high quality program?**

\_\_\_\_\_

\_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

**What date are you planning to bring your child to the center:** \_\_\_\_\_

**Estimated mornings drop off time:** \_\_\_\_\_

**Estimated afternoon pick up time:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Telephone:** \_\_\_\_\_

**Parents Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*There is a non-refundable of \$135 application fee.