

# FRIENDSHIP CHILDREN'S CENTER

## ENROLLMENT APPLICATION

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

Date of Application \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age Now \_\_\_\_\_

When do you need the service? \_\_\_\_\_

Indicate the type of care needed:

- Full-Time (Monday - Friday)     Part-Time, full days     AM Preschool  
 Part-Time, three days (M,W,F)     Part-Time, two days (T,Th)

Does your child have special needs? \_\_\_\_\_ Yes    \_\_\_\_\_ No  
If yes, please explain: \_\_\_\_\_

### CONTACT INFORMATION

Parent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please check this box if you would like to receive e-mails regarding upcoming special events and provide your e-mail address here: \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

Has your child been in a child care setting before? \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, describe: \_\_\_\_\_

How long? \_\_\_\_\_ Reason for change: \_\_\_\_\_

Please submit your completed application and non-refundable application fee of \$50.00 to:

**Friendship Children's Center**  
**5411 Western Avenue, NW**  
**Washington, DC 20015**

*Applications are non-transferrable. One application per child, please.*