

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-transferable. One application per child, please.