

# FRIENDSHIP CHILDREN'S CENTER

## ENROLLMENT APPLICATION

Application Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
(last) (first) (middle)

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex:  Female  Male

Desired Enrollment Date: \_\_\_\_\_

Does your child any health related or special needs? \_\_\_\_\_

### PARENT/ GUARDIAN 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.*

*-For Office Use ONLY-*

Application Receipt Date: \_\_\_\_\_ Tour Date: \_\_\_\_\_ Sibling Enrollment: \_\_\_\_\_