

Lily Pad Enrollment Application

CHILDS INFORMATION				
First Name:	Middle Name:	Last Name:	Nickname:	
DOB:	Age:	Gender (M/F):	Langauge Spoken At Home:	
Address:		City:	State:	Zip:
Current Child Care Center:		How did you hear about us?		
PARENT/GUARDIAN INFORMATION				
Name:	Relationship to Child:		Cell Phone:	
Adress:		City:	State:	Zip:
Employer & Phone Number		City:	State:	Zip:
Company located in Metro Park (Y/N):		Perfered Contact Email:		
PARENT/GUARDIAN INFORMATION				
Name:	Relationship to Child:		Cell Phone:	
Adress:		City:	State:	Zip:
Employer & Phone Number		City:	State:	Zip:
Company located in Metro Park (Y/N):		Perfered Contact Email:		
APPLYING FOR				
The Polliwog's		0 - 18 Months		
The Dragonfly's		1.5 - 2.5 Years		
The Duckling's		2.5 - 3.5 Years		
The Grasshopper's		3.5 - 5 Years		
DESIRED START DATE AND HOURS				
Date desired to start at Lily Pad ?				
Drop off / Pick up Times ?				

Signature of Parent/Gaurdian _____

Date fee paid: _____

**Email to info@lilypadatmetropark.com **

A non-refundable payment of \$50 to Lily Pad at Metro Park must accompany this application.