

000000Lily Pad Enrollment Application

LILY PAD ENROLLMENT APPLICATION				
CHILD'S INFORMATION				
First Name:	Middle Name:	Last Name:	Nickname:	
DOB:	Age:	Gender (M/F):	Language 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:	
Address:		City:	State:	Zip:
Employer & Phone Number		City:	State:	Zip:
Company located in Metro Park (Y/N):		Preferred Contact Email:		
PARENT/GUARDIAN INFORMATION				
Name:	Relationship to Child:		Cell Phone:	
Address:		City:	State:	Zip:
Employer & Phone Number		City:	State:	Zip:
Company located in Metro Park (Y/N):		Preferred Contact Email:		
APPLYING FOR				
Polliwogs		0 - 12 Months		
Dragonflies		1 - 2.5 Years		
Ducklings		2.5 - 3.5 Years		
Grasshoppers		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 \$100 to Lily Pad at Metro Park must accompany this application.*

Zelle # (571)-216-2325