Enrollment Application

Child's Name:_____   Date of Birth:_____

Start Date:_____   Full Time / Part Time (circle)

Days:_____   Gender:_____

Address:_____

City/State/Zip:_____

Mother/Guardian Information

Name:_____

Address (if different from child):_____

_____

Employer:_____

Employer Address:_____

Work Phone:_____

Cell Phone:_____

Home Phone:_____

Email Address:_____

4 Digit Code (for sign in/out):_____

Father/Guardian Information

Name:_____

Address (if different from child):_____

_____

Employer:_____

Employer Address:_____

Work Phone:_____

Cell Phone:_____

Home Phone:_____

Email Address:_____

4 Digit Code (for sign in/out):_____

A $100 non-refundable registration fee is due when application is approved.

_____   _____

Parent/Guardian Signature   Date

(office use only)

Registration fee paid:_____   Classroom:_____

Added to Sandbox:_____   Info to Classroom:_____

Submit Enrollment Application via email to ECDC@coastal.edu.