



Application for Admission

Please note there is a non- refundable application fee of \$75 is required with this application.
Please make check payable to: **My Little Best Friends.**

Child's Name: _____ Today's Date: _____

Date of Birth: _____ Sex _____ Nick Name _____

Address: _____

City _____ State _____ Zip _____

Parents / Guardian Names: _____

Home Phone: _____ Cell: _____ Best time to call _____

Email Address: _____

Parent's Marital Status: Married _____ Single _____ Divorced _____

Please select days for enrollment: Monday Tuesday Wednesday Thursday Friday

**Once the days are selected you are lock in.*

Prefer Enrollment Date: _____ Are you interested to be on the waiting list: ___ Yes ___ No

**If you are unable to start on the date specify, you will forfeit the space and reapply.*

**Newborn Infants will be allow one time change of start date without any penalty.*

Does your child have any existing illnesses? _____

Does your child have history of any of the following? Please circle if applicable:

Vision impairment Speech Problems Hearing Impairment Developmental Problems

Any other special needs: _____

How did you hear about us? Internet Seach Family Friend Other _____

Parent Signature _____ **Date** _____

For center use, only

Classroom _____ Tour Date _____ Tour time _____ Fee Received _____

Accepted _____ Start Date _____ Registration info _____ Transition day _____