



Application for Admission

Please note there is a non-refundable application fee of \$100 required with this application.
Can be paid in cash, check or money order. 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: _____

Parent Name: _____ Parent Name: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Please circle days for enrollment: Monday Tuesday Wednesday Thursday Friday

Once the days are selected you are locked in

Preferred Enrollment Date: _____ Are you interested in being on the waitlist: ___ Yes ___ No

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

*Newborn infants will be allowed a one time change of 10 business days, from the start date without any penalty.

*We will try our best to accommodate your preferred enrollment days pending current availability, spaces are not guaranteed.

Does your child have any existing illnesses? _____ Please explain: _____

Who should we thank for the recommendation? _____

Parent Signature _____ **Date** _____

For Office to Fill

Date Fee Received: _____ **by Cash/Money Order/Check #** _____

Current Length of Waiting List: _____