



PRE-ENROLLMENT REGISTRATION FORM

Thank you for your interest in Lolly's Early Learning Center. We understand how difficult choosing a quality child care program is. We take your decision very seriously and are committed to fulfilling the important responsibility of caring for your child.

To Register:

Return this completed form with a \$150.00 registration fee. The registration fee is non-refundable and is due annually.

When your registration form and fee are received, you will be contacted regarding availability of space and the enrollment process. In the event that we can not place your child, the fee will be returned to you in full.

Child's Name _____ Date of Birth ____ / ____ / ____

Child's Name _____ Date of Birth ____ / ____ / ____

Parent/Guardian Information:

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Address: _____ Address: _____

E-mail Address: _____ E-mail Address: _____
Home Phone: _____ Home Phone: _____
Company Name: _____ Company Name: _____
Company Phone: _____ Company Phone: _____

Days and Times Desired:

MON _____ TUES _____ WED _____ THURS _____ FRI _____

PLEASE CHECK ONE: ____ Full Day: 9am-3:20pm ____ Extended Full Day: 8am-6pm

What date would you like enrollment to begin? _____

Please enclose a check for the appropriate amount and return to:

Lolly's Early Childhood Center
5-44 47th Avenue
Long Island City, New York 11101

(We will do everything possible to meet your needs, but are unable to guarantee start dates. Enrollment is based upon availability and is subject to priority enrollment rules at the Center)

(Parent/Guardian Signature) (Date)