

LITTLE TIGERS PRESCHOOL & CHILDCARE CENTER

94 West Church Street
Pickerington, OH 43147
614-837-3932



APPLICATION FOR ENROLLMENT

A \$85.00 non-refundable registration fee must accompany this application.
(This is a Non-Refundable Fee)

Please fill out this application completely. Accurate information is necessary so that we may best serve your child. It is your responsibility to notify us immediately of any changes in employment or residence.

Child's Name: Last		First	Middle	Boy / Girl	Birthdate:
Parent Names:		Marital Status:		Who is the child's legal guardian:	
Mother's home address:			Father's home address:		
City:	State:	Zip:	City:	State:	Zip:
Home Phone #:		Cell #:	Home Phone #:		Cell #:
Mother's E-mail:			Father's E-mail:		
Mother's Employer:			Father's Employer:		
Work Address:			Work Address:		
Work Phone #:			Work Phone #:		
Hours:	Occupation:		Hours:	Occupation:	
Has the Child Previously Attended a Child Care Center? If Yes, Where?				How Long?	

AVAILABLE PROGRAMS

- Full-Time / Part Time: TODDLERS / PRESCHOOLERS – Monday through Friday 6:30a.m.- 6:00p.m.
Gradual entry by application.
- Before and / or After School Care:(1st – 4th grade): School _____
- Before and / or After Kindergarten care: School _____; Attending A.M. / P.M.
- Full-Time Summer

Time of Arrival: _____ Time of Departure: _____ **Date of entrance requested:** _____

YOU WILL BE FURTHER NOTIFIED BY THE CENTER OFFICE OF YOUR CHILD'S ENROLLMENT STATUS.
UNTIL THAT TIME, YOUR CHILD'S NAME WILL BE PLACED ON A WAITING LIST.

Parent's Signature

Date

FOR OFFICE USE ONLY

Date Application Received:	To Be Assigned To:
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Date To Start School :	Year:	Waiting List:
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Registration Fee Paid (Date):	Amount Tuition:
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CHANGES IN EMPLOYMENT

Employed By:	As Of:	Phone #:	Hours:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TUITION CHANGES

Amount:	As Of:
_____	_____
_____	_____
_____	_____