



Initial Application

9.3.2015

A **\$50 nonrefundable application fee** is required along with this form to begin the registration process.

Once placement becomes available in a classroom, a **deposit of \$200** will be required to maintain your child's placement in that classroom. Please submit a completed enrollment packet within two weeks of placement.

Applicants will receive placement in the order they have applied and returned the enrollment packet. Children with siblings currently enrolled have priority.

Please indicate first and second program preferences:

Full time: _____

Part-time Preschool (ages 3-5): _____ M - F morning (8:30 – 11:30AM)
_____ M – F afternoon (1 – 4PM)
_____ M,W,F morning (8:30 - 11:30AM)
Part-time enrollment will be based on availability.

Child's Name: _____ **Date of Birth/Due Date** _____ **Gender** _____

Preferred Start Date: _____
Month Day Year

Parent/Guardian Name(s): _____

Address: _____
City State Zip

Phone number: _____

E-Mail: _____

How did you hear about our center? (check all that apply):

Referred by: _____ Website ___ Radio ___ Newspaper ___ Flyer ___ Door Hanger ___

I have read and understand Beautiful Savior Lutheran Early Learning Center's waiting list application policy. *It is my responsibility to notify BSLELC if I would like to make changes to my preferred start date or enrollment options.* I will notify Beautiful Savior of any changes to my phone number and/or address, or if I wish to be taken off the waiting list.

Parent/Guardian Signature _____ **Date** _____

Application Received	Application Fee Received	Priority Number	Room
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