



FORESIGHT
Learning Center Inc.

ENROLLMENT APPLICATION

School Year _____

Today's Date _____

Name of Child _____

Date of Birth _____

Address _____

Home Phone _____

Wrk Phone (M) _____

Wrk Phone (F) _____

Name of Parents (Mother) _____

or Guardians (Father) _____

Parents Employment (Mother) _____

(Father) _____

Parents' Email Address _____

Recommended By: _____

(or, how you heard about us)

Schedule:

Days per Week of Enrollment: M_____ T_____ W_____ TH_____ F_____

Daily Schedule (Times): _____

Start Date: _____

Does your child take a nap? Y_____ N_____; How long: _____

Does your child have allergies? Y___N__

Please list _____

A Registration Fee must accompany this application. Paid: \$_____

Signed _____

(Parent's Signature)

Date _____