



# APPLICATION FOR ENROLLMENT

Today's Date

## ABOUT YOUR CHILD

Your child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Siblings (name, date of birth) \_\_\_\_\_

Current child care arrangements \_\_\_\_\_

Projected enrollment date \_\_\_\_\_

## ABOUT YOU

Parent or guardian name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Place of employment \_\_\_\_\_

Work address \_\_\_\_\_

Work phone \_\_\_\_\_

Parent or guardian name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Place of employment \_\_\_\_\_

Work address \_\_\_\_\_

Work phone \_\_\_\_\_

Please enclose a \$30, non-refundable application fee. Checks should be made payable to EC3, Inc. Send completed application and check to:

**Educational Child Care Center**  
**1715 Main Street, Lansing, MI 48915**