

Application for Enrollment

Today's Date	
Child's Name	<input type="checkbox"/> Male <input type="checkbox"/> Female
Child's D.O.B.	
Desired Start Date	

Parent/Guardian Name	Parent/Guardian Name
Home Address	Home Address
City/State/Zip	City/State/Zip
Home Phone	Home Phone
Cell Phone	Cell Phone
E-mail Address	E-mail Address
Employer	Employer
Work Phone	Work Phone

Please enclose a \$75, non-refundable application fee, by check (payable to EC3) or credit card.

Card type: Visa MasterCard Discover

Print name as it appears on credit card:	
Billing Address of Cardholder:	
Credit Card Account Number:	
Expiration Date:	

By completing this form, I hereby authorize EC3 and the credit card company identified on this authorization to process the charges authorized herein.

Cardholder Name (Print):	
Cardholder Signature:	
Date:	

