

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	Desired Attendance Days	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri
Who Referred You to EC3?			

Please complete ALL fields below; include information for both parents/legal guardians

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 <i>(required for billing)</i>	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:	

EC3 provides equal enrollment, employment, and service opportunities to all eligible persons without regard to race, color, gender, religion, age, disability, sexual orientation, national origin, citizenship, marital status, membership in any labor organization, political affiliation, or any other category protected by federal, state or local law.

