



Enrollment Application

Child(ren) Information:

Name of Child: _____

Gender: M / F

Date of Birth: _____

Name of Child: _____

Gender: M / F

Date of Birth: _____

Parent Information:

Name of Parents/Guardian: _____

Address: _____

City/Town: _____ Zip Code: _____

Telephone Number(s): _____

Email: _____

How did you learn about Early Childhood School of Georgetown?



Program Information

Desired Program (Please check all applicable)

Infant Toddler Preschool Pre-Kindergarten

Desired Days:

Monday Tuesday Wednesday Thursday Friday

Desired Attendance:

8:30 a.m. – 12 noon (Half Day for Toddlers)

8:30 a.m. –12:30 p.m. (Half Day for Preschool & PreK)

8:30 a.m. –4:30 p.m. (Full Day)

7:00 a.m.—4:30p.m.

10 Hour Day

I understand that this information is processed once the \$75 application fee is received with the enrollment application. Once availability is determined you will be contacted about a tuition quote and a start date.

Requested Start Date: _____

Parent/ Guardian Signature: _____