



DATE OF APPLICATION:

Month Day Year

CENTER FOR EARLY LEARNING/LW
APPLICATION FOR ENROLLMENT

CHILD'S FULL NAME _____

Child's Date of Birth _____ Child's Sex _____
Month Day Year

Full Names of Parents _____

Home Address _____
Street City Zipcode

Status of Parent at Palm Beach Community College:

Student _____ Staff _____ Faculty _____

Phone: _____ Best time to contact you: _____

How did you hear about the Center for Early Learning/LW? _____

Have you been on an orientation tour of the Center with one of the staff?

Yes _____ No _____

Please state briefly why you would like to have your child enrolled in the Center for
Early Learning/LW:

