

Great Beginnings Early Childhood Center

795 1600 Rd, 874-8399 Fax 874-4322

Delta, CO 81416

Application for Enrollment 2010-11 School Year

Date _____

Name of child: _____ Birthdate _____

Name(s) of parents: _____

Address: _____ Telephone: _____

Work Telephone: _____

Email address: _____

Please choose a program for enrollment:

- Toddler Care, Ages 1 year through 2 years

Choose one: Full day _____ Half-day am _____ Half-day pm _____

Preschool Program Only, Ages 3 through 5

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Circle one: 8:30 - 11:30 am or 1:00 - 4:00 pm

Days of week enrolling: M _____ T _____ W _____ Th _____ F _____

Full-day Preschool and Child Care Program, Ages 3 through 5

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Days of week enrolling: M _____ T _____ W _____ Th _____ F _____

Half-day Preschool and Child Care Program, Ages 3 through 5

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Circle one: 7:30 - 12:30 am or 12:30 to 5:30 pm

Days of week enrolling: M _____ T _____ W _____ Th _____ F _____

I agree to pay for services scheduled regardless of attendance and I understand that I should prepay weekly or monthly for services.

A \$65.00 registration fee should accompany this application.

Signature _____

Paid: _____