

Pre-Registration- Infant/Toddler
Madison Early Childhood Learning Center

Child's Name: _____ D.O.B. _____

Address: _____ Home Phone: _____

Mother's Name: _____ Work #: _____

Father's Name: _____ Work #: _____

Are you looking for full-time (over 3 hours per day) or part-time (under 3 hours per day) childcare? _____

Has your child ever been enrolled in our program before? _____

Is your child currently enrolled in another childcare? _____

Name any agencies that are currently assisting you and/or your child.

When are you looking to start your child/children in our program? _____

Would you like more information about financial assistance to help with your daycare fees? _____

Where or from whom did you hear about our program? _____

The completion/submission of this form does not guarantee enrollment or participation in the Madison Early Childhood Learning Center's Program.

*******For office use only*******

Approved By: _____ **Classroom:** _____

Start Date: _____ **Notes:** _____