

Pre-Registration - Preschool  
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 preschool program before? \_\_\_\_\_

Is your child currently enrolled in another preschool program? \_\_\_\_\_

If yes, name of the program: \_\_\_\_\_

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

When are you looking to start your child 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:** \_\_\_\_\_

