



DARE TO DO MORE

**EARLY CHILDHOOD LEARNING CENTER PROGRAM INC.
ENROLLMENT REQUEST FORM**

Date of Request: _____

Please fill out this form to be placed on the mailing list.

Parents Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Number: _____ Cell Number: _____

Childs Name: _____

Childs Date of Birth: _____

Email: _____

Please answer the following: I am a

- Matriculated LaGuardia Student: List Major: _____
- CUNY Student: List Major: _____
- CUNY Law School: List Major _____
- Non Degree Student: List Program: _____
- Faculty/Staff

WHEN WILL YOU NEED CHILDCARE?

- Spring 20_____ Session I (March-June) or Session II (June-August)
- Fall 20 _____ Session I (Sept-December) or Session II (January-February)

**WHICH OF OUR PROGRAMS ARE YOU REQUESTING FOR YOUR CHILD?
(Please check all that applies)**

- Infant (12mos-23mos) Toddlers (24 mos-33mos)
- Preschool (2.10-4 years) UPK (4 years only)
- Extended Day/Saturday (5-12 years) Summer Camp (3-12 years)
- Holiday Camp

Please Fax: 718-609-2034 or Stop by Office: MB09