



2022-2023 Wee Love Learning Center Enrollment Application

School Hours: 8:00am – 11:30am After School Care Hours: 11:30am – 4:30pm

Heart 2 day (T/TH) Heart 3 day (M/W/F) Heart 5 day (M--F) Heart After School Care Hours: \_\_\_\_\_

Student' Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Gender: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Home Church (if any): \_\_\_\_\_ Baptized? (circle) Yes No

How did you hear about us? \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Church (if any): \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Church (if any): \_\_\_\_\_

Other Members of the Household (age and relationship): \_\_\_\_\_

\_\_\_\_\_

For use by Wee Love Learning Center Staff

Date received: \_\_\_\_\_ By Whom: \_\_\_\_\_ Paid Deposit \$65: \_\_\_\_\_