



2020-2021 Wee Love Learning Center Enrollment Application

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

2 day (T/TH) 3 day (M/W/F) 5 day (M--F) After School Care (fill out 2nd Enrollment)

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: _____