



THANK YOU for your interest in Children's Learning Place.

Please read and fill out the attached application to be considered for enrollment.

Enrollment

Wiggle Room	ages 6 weeks – 12 months	Super Spouts Room	ages 2 ½ years – 3 ½ years
Caterpillar Room	ages 12 months – 2 years	Busy Bee Room	ages 3 years – 6 years
Monkey Room	ages 18 months – 2 ½ years		

Hours of Operation:

5 days a week, Monday through Friday; 6:30 am to 6:30 pm

Admission policy: All applications are welcome. However, admission is restricted to interview acceptance, space availability and completion of the enrollment application.

Children's Learning Place is operated on a non-discriminatory basis, providing equal treatment and access to services without regard to race, color, religion, national origin, or ancestry. Corporal punishment is not allowed.

Fee schedule: increased annually in September for a cost of living increase. (Fees below represent September 2009 — August 2010)

● Infant/Toddler Rates - Under the age of 2			
2 Days Monthly	\$1235.00	Weekly	\$285.00
3 Days Monthly	\$1603.33	Weekly	\$370.00
5 Days Monthly	\$1928.33	Weekly	\$445.00
● Toddler/Preschooler - Over the age of 2			
2 Days Monthly	\$962.00	Weekly	\$222.00
3 Days Monthly	\$1235.00	Weekly	\$285.00
5 Days Monthly	\$1516.67	Weekly	\$350.00

There is also:

A two-week security deposit to cover their childcare cost for the final two weeks, *paid when you receive confirmation of space availability. No interest will be paid.*

Holidays

School is closed for major national holidays as will be outlined in your Enrollment Package upon acceptance. These dates will be listed in the CLP Handbook.

Admission procedure

Complete (in specific detail) the attached Application for Enrollment Form. Mail or drop off your application to the school. Participate in an interview with a CLP director and attend a scheduled tour. You will be contacted when/if enrollment becomes available. Upon confirmation of enrollment, immediately submit your security deposit to secure your child's space at Children's Learning Place. Your child's Director will set up a time to meet. At this meeting, you will receive your parent handbook and your child's enrollment packet. In the event of your child's withdrawal, we ask that you provide your Program Director written notice at least 30 days prior to the withdrawal.

Enrollment cancellations

CLP reserves the right to cancel enrollment of a child for any of the following reasons:

- Non-payment of fees and charges
- Not observing CLP rules and regulations
- Not completing and returning all required forms by the due date
- When the school is not able to meet a child's needs.

Keep this copy for your records and return the Application Enrollment Form to CLP



**CHILDREN'S
LEARNING PLACE**
APPLICATION FOR ENROLLMENT
(One application per child)

Child's Name _____ Gender: Male Female Birth Date ____/____/____
Address _____ City: _____ State: _____ Zip: _____
Parents are: Living together Divorced Separated Widowed
Child resides with: Parents Guardian Mother Father

Parent/Guardian 1:

Name _____ Age _____ Home Phone _____
Address _____ How long? _____ Own Rent
Occupation: _____ Salary _____ How long? _____
Cell Phone: _____ Direct Work Phone _____
Email address: _____
Name of employer: _____
Employers address: _____

Parent/Guardian 2:

Name _____ Age _____ Home Phone _____
Address _____ How long? _____ Own Rent
Occupation: _____ Salary _____ How long? _____
Cell Phone: _____ Direct Work Phone _____
Email address: _____
Name of employer: _____
Employers address: _____

List other children's names and ages: _____

I would like to enroll my child in DCLP beginning: _____

Days child will attend: Mon Tue Wed Thu Fri

Expected Arrival Time: _____ Expected Departed Time: _____

Previous school _____ Location _____

How long at previous school? _____

Please list any important information about your child that would be helpful to us: (Include previous school experience, any special testing, etc.) _____



**Children's
LEARNING PLACE**
APPLICATION FOR ENROLLMENT
(page 2)

Health

Physician's name _____ Phone number _____

What communicable diseases has your child had? (Check all that apply)

Measles Mumps Measles (3 day) Chicken Pox

Other (Specify) _____

Any serious illness or hospitalization? (Explain) _____

Any physical Disabilities? (What?) _____

Any known allergies? (Please list) _____

Any medications given regularly? (What/How often?) _____

Any special needs? (Explain) _____

What are your educational priorities for your child? _____

Why have you chosen DCLP? _____

How did you hear about DCLP? _____

Parent Participation: We like our parents to be involved in the care and schooling at DCLP.

To what extent and how often would you be able to participate in/with:

Parent Committees _____

Special Events _____

Visiting and spending time at KMS during the day _____

Donations, fundraising, other volunteer interests _____

Comments _____

Signed _____ Date _____

Print name _____ Relationship to child _____