

# North Huron Early Learning Center

21 Main Street, Kinde, MI 48445 Telephone: 989-874-4103

## Enrollment Application

Start Date: \_\_\_\_\_

Parent (s) Name (s): \_\_\_\_\_

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

City, Zip Code \_\_\_\_\_ MI \_\_\_\_\_

Phone Number (s): \_\_\_\_\_ Email: \_\_\_\_\_

Parents Date of Birth: Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

Children to be enrolled:

Name	Age	Birthdate

If you know your child(ren)'s schedule, please fill in the following:

Childs Name	Monday	Tuesday	Wednesday	Thursday	Friday

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_