

Educare Learning Academy Application
1911 State Street. Hamden, CT 06517
Telephone (203) 553-7926 * Fax: (203) 691-1359 Email: Educarect@outlook.com

Application

Please complete this form in full. This form is for the purpose of registering my child at Educare Learning Academy.

Child's Name		Date of Birth:	
Address:		City:	State:
Sex: Male/Female		Enrollment Start date:	
Mother's Name	Date of Birth / /	Father's Name	Date of Birth / /
Address:	City:	State:	Address:
Phone (H)	Phone (C)	Phone (H)	Phone (C)
Mother's Employer		Father's Employer	
Address:	City:	State:	Address:
Phone (W)		Phone (W)	
Email:		Email:	

TYPE OF SERVICES YOU NEED

Check what applies

	Infants	Toddlers	Preschool
Weekly rate			
Hourly Rate (under 10 hours)			
Hourly Rate (10 – 15 hours)			
Part Time Every Day Rate: 4 hours daily			
Full Time (30 hours)			
Extended day 31 to 52 hours			

If part time please check day and hours

Hours	Mon	Tues	Wed	Thr	Fri
AM					
PM					
Total Hours:					

What is your preferred method of payment?

Cash _____ Check _____ Credit Card _____ Weekly _____ By-weekly _____ Monthly _____
 Do you have a Care 4Kids Certificate? Yes _____ No _____
 Would you apply for Child care Subsidy? Yes _____ No _____
 How did you hear about us? Friends _____ 211 _____ Flyer _____ Webpage _____
 Other _____

A non-refundable registration fee of \$50.00 will be charged upon enrollment.