



INFANT CARE CENTER
1306 West Lynn · Austin, Texas 78703 · 512/478-3113

Enrollment Application

Application Date:	Requested Starting Date:
Attendance: (Check one. All times are Monday thru Friday.) <input type="checkbox"/> All Day (7:30 – 5:30) <input type="checkbox"/> Morning (7:30 – 12:30) <input type="checkbox"/> Afternoon (12:30 – 5:30)	
Child's Name:	Date of Birth or Due Date:

Parent's Name		Parent's Name	
Address		Address	
St. Luke United Methodist Church Member: <input type="checkbox"/> yes <input type="checkbox"/> no		Returning Family? Dates enrolled: _____	
Email address		Email address	
Employer	Work Number	Employer	Work Number
Home Number	Cell Number	Home Number	Cell Number

How did you hear about our Center? _____

Why are you interested in this particular Center? _____

What are your feelings on co-oping? _____

I have read and understand the Statement of Philosophy and Purpose of the Center. I understand there is a \$25.00 non-refundable application fee for processing and maintenance. I understand that at the time I accept a space at the Center, I will pay a one-time, non-refundable registration fee of \$75.00 as well as a deposit of 200.00 to reserve my child's space. The deposit will go toward my child's last month's tuition at the Center provided the required 30 day notice of withdrawal is given.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

For Office Use Only: _____ _____ _____ _____
