

Glenview Center for Child Care and Learning
28727 Wolf Road
Bay Village, Ohio 44140
440-617-7330

APPLICATION FOR ENROLLMENT

Parent/Guardian's Name: _____

Address: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email:** _____

Child's Name: _____ **Birth date:** _____ **Grade (if applicable):** _____

Child's Name: _____ **Birth date:** _____ **Grade (if applicable):** _____

Child's Name: _____ **Birth date:** _____ **Grade (if applicable):** _____

Care needed what days: _____ **Hours:** _____

Year round: _____ **School-year only:** _____

(Spots are limited in Infant through Preschool for 10 month students.)

Is parent currently working: _____ **Days:** _____ **Hours:** _____

If yes, who is caring for child now? _____

Care needed starting when? _____

How did you hear about Glenview? _____

Other relevant information: _____

Date of inquiry _____ **Name of person taking information:** _____

A registration Fee is required to put child(ren)'s name on the class list. The non-refundable registration fee is \$10 per child or \$15 per family.

Registration fee paid: _____ **Date:** _____

Action Taken: