



APPLICATION FOR ENROLLMENT

1160 Grant Street
Birmingham, MI 48009
info@ortizeducare.com
248-709-4510

CHILD INFORMATION

Child's name

Date of birth

Gender

Male

Female

Child's address

PARENT #1 INFORMATION

Parent #1 name

Address (if different from child's)

Email address

Phone number

Name of employer

PARENT #2 INFORMATION

Parent #2 name

Address (if different from child's)

Email address

Phone number

Name of employer

If the child is not living in the home of the parent(s), who is responsible for the child?

Guardian's name

Relationship to child

Address (if different from child's)

Email address

Phone number

Name of employer



APPLICATION FOR ENROLLMENT

1160 Grant Street
Birmingham, MI 48009
info@ortizeducare.com
248-709-4510

Please provide any information regarding the child’s individual development, habits, food allergies, medical needs and other factors critical to the child’s well-being and ability to participate in the program.

ENROLLMENT OPTIONS

Select an option below:

Full-time
 9:00 am - 3:00 pm
 Monday - Friday

I am interested in before care
 Available at 8:15 am

I am interested in after care
 Available until 4:30 pm

Part-days 9:00 am -12:00 pm	Full-days 9:00 am -3:00 pm
---------------------------------------	--------------------------------------

Please select which day groups you are interested in:

Monday - Friday	Monday, Wednesday, & Friday	Tuesday & Thursday
-----------------	--------------------------------	-----------------------

ADDITIONAL DETAILS

Anticipated enrollment start date

Deposit information

To secure a space for your child, you must submit this form along with the enrollment deposit which includes a non-refundable application fee of \$50.00 plus a tuition deposit of one month’s tuition. If a space is reserved for your child, the tuition deposit becomes non-refundable. Your tuition deposit will be used towards you child’s last month of care. Your child’s spot will be held for 30 days. If your child is unable to begin attendance within that timeframe, his/her space may be forfeited.

ACKNOWLEDGEMENT

Your signature below indicates that ALL information on this enrollment form is complete and accurate.

Signature of parent/guardian

Date