

5301 Commercial Avenue Madison, WI 53704 (608) 249-6448

APPLICATION FOR ENROLLMENT

Date:	
Academic YearFull Year (only option for aSummer Only	ren under age 2)Half Days (2 yrs. and olde
	2 or 3 Days Per Week (2 yrs. and older) M, T, W, R, F (indicate days)
Child's Name:	Age:
Date of birth:	Female Male
Expected enrollment date:	Hours:
Parents' Names:	
	Phone (cell):
Address:	Phone (home):
	Phone (work):
Email Address:	
Email Address:	
Child lives with: both parents	mother father other
How did you hear about us?	
registration fee. If you are enrolling more	d and returned with a \$50.00 for one child or \$90.00 per family two weeks before the expected start date, we also will need a spot. If space is not available, your child's name will be placed -refundable.
*Please make check payable to "Kids Dep	
*If you have any questions, please call the	ector or Administrator at (608) 249-6448.
	r the days and times listed above, subject to the terms of the andbook. I agree to abide by all of Kids Depot's policies.
Signature of parent or legal guardian	Date Website application

Website application