



Application for Enrollment Meadow Park Children's Center

2425 Bethel Rd. Columbus Oh. 43220 Phone: 614-451-8814

A \$45 nonrefundable application fee must accompany this application.

Family/Child Information:

Child's Name: _____ Nickname: _____ Male: _____ Female: _____

Birth Date: _____ or Due Date: _____ Phone Number: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Parent's Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____ Cell: _____

Parent's Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____ Cell: _____

Parent's Marital Status: Married _____ Divorced _____ Separated _____ Widowed _____ Other _____

Child's legal guardian: _____ Other Children: (Names & Ages) _____

Meadow Park Church member? _____ How did you learn about our Children's Center? _____

Applying For: Early Childhood Program

* Part Day

3, 4 and 5 year olds (M, W, & F) _____ AM (9:00-12:00)

* Full Day

6 wks to 5 years Full Week: _____ Part Week: M _____ T _____ W _____ Th _____ F _____

School Age Program

* Full Week: _____ Part Week: M _____ T _____ W _____ TH _____ F _____

Kindergarten: Before & After Morning K _____ After Morning K only _____

Grades 1-5: Before only _____ Before & After _____ After only _____

School Holiday _____ Summer Program (K -5th Grade) _____

Name of Elementary School: _____ Grade: _____

For Office Use Only: Check Number: _____ Date Received: _____ By: _____