

**Application for Enrollment**  
**Meadow Park Children's Center**  
**2425 Bethel Rd. Columbus Oh. 43220**  
**Phone: 614-451-8814**

*A \$40 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: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone (if different): \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone (if different): \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Parent's Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_ Other \_\_\_\_\_

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

Are you a member of Meadow Park Church? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you learn about our Children's Center? \_\_\_\_\_

**Applying For:**  
**Early Childhood Program**

**\* Part Day**

3's (Tues. & Thurs.) \_\_\_\_\_ AM (9:00- 12:00)      4 s (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: \_\_\_\_\_