



La Bella Learning Centers, LLC. Enrollment Application

(To be accompanied with the non-refundable registration fee)

Child's Name _____ Preferred Name _____ Birthdate _____

Address _____ Phone _____
Street City Zip Code

Parent/Guardian Name _____ Cell Phone _____

Employer _____ Work Phone _____

Parent/Guardian Name _____ Cell Phone _____

Employer _____ Work Phone _____

Best time to call? _____ When will care be needed? _____

Days needed _____ Hours needed _____ Grade _____

I am interested in the following programs:

4 hr. Preschool Full day Preschool Pre-K Kindergarten

School-Age Academic Support Summer Drop In

How did you hear about La Bella Learning Center? _____

For Center Use

Contact Dates	Type	Whom	Result

Intended Start Date _____	Schedule _____	Class _____	Referral Y N
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