



PENROSE ACADEMY'S

Pre-Enrollment Application

Name: _____ Telephone: _____ Email: _____

1. How did you hear about us?

- Friend/Referral
- Google
- Sign
- Website
- Advertisement
- Social Media

2. What are some of the things you look for in a quality child care?

3. Do you currently have ELRC or are you a Private Pay family?

- ELRC Private Pay

If you have ELRC, have you given your ELRC worker our provider number (1114062154-1)?



- yes no

Do you have a ELRC co-pay?

- ELRC Private Pay

4. If applicable, what is your payment preference?

- Cash
- Check
- On-line Payments
- Credit/Debit Cards

5. How many children are you interested in enrolling?

(Name, age, date of birth)

1.

2.

3.

4.

5.

6. Are any of the children school age?

- yes no

If so, what school's do they attend?

1.

2.



3.

4.

5.

7. Do you need full time or part-time care?

- full-time part-time

8. Will your child/ren need transportation?

- yes no

Please specify:

9. Has your child/ren ever attended day care? If, so why did they leave?

- yes no

10. Does your child/ren have any special needs that the center should be aware of?



yes no

11. Does your child/ren currently receive any behavioral support services?

yes no

12. Does your child/ren currently have an IEP?

yes no

13. If so, will you provide a copy for the center?

yes no

14. Please choose a date and time for your child/ren to have a center visit and for you to have a parent interview.

Thank you for your interest in Penrose Academy. You will be contacted regarding your child’s enrollment within 3 to 5 business days.