



## Enrollment Application

Today's Date: \_\_\_\_\_

Child's Name	Date of Birth

Enrolling Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Child Care Schedule

Great Beginnings Learning Center, LLC is licensed to provide care between 6:30am and 6:30pm.

Day	Times Care is Needed	Hours
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
<b>Total Weekly Hours</b>		

Start Date: \_\_\_\_\_

Comments, Questions, or Other Information

Please submit this form by:

- Email: recurits@greatbeginningsllc.com
- Phone: (608) 348-7003
- Mail: Great Beginnings Learning Center, LLC  
1285 N. Second Street  
Platteville, WI 53818

After submitting this information, we will review the available space at Great Beginnings. We will then contact you to discuss our rates, policies, and the needs of your child or children. Once you have decided to enroll your children at Great Beginnings, we will create a Parent-Provider Agreement for you to sign and return to us. A \$50 registration fee per child must also accompany this contract to reserve a space at Great Beginnings for your child or children. After receiving the contract and registration fee, they are enrolled and guaranteed a spot at Great Beginnings!

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Date Received: \_\_\_\_\_

Contact Attempted: \_\_\_\_\_ by \_\_\_\_\_

Parent-Provider Agreement sent: \_\_\_\_\_