



Early Education Center

100 S. Main Street, Suite 130
Los Angeles, CA 90012
(213) 897-0049

APPLICATION FOR ENROLLMENT

Name of Child: _____ Date of Birth: _____

Parent or Guardian: _____ Relationship: _____

Home Address: _____ Home Phone: _____

City: _____ Zip Code: _____ Work Phone: _____

E-mail Address(es): _____

Name of Employer: _____

Employee ID#: _____ Job Title: _____

Please indicate the days and hours of child care services requested: (2 days per week minimum)

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____

Preferred Program Start Date: _____

Please complete this form and return it to the child care center. Enrollment is on a first come, first served basis, according to space availability within each age group.

A \$25.00 nonrefundable registration fee is due upon notification of admission.

Please return application to:

Child Development Consortium of Los Angeles

2123 Parkside Ave.

Los Angeles, CA 90031

Call with questions: (323) 221-8791