Mayflower Early Childhood Center

106 East Diamond Lake Road Minneapolis MN 55419 mayflowerchildren.org 612-825-5914

Application 2012-2013

Child's Name _____
Last **First** **Calling Name**

Home Address _____
Street **City/State** **Zip**

Date of birth _____ **Male/Female** _____ **Member of Mayflower Church?** _____

Previous Early Childhood Care or School _____

Program (please check)

Half day programs

_____ **4-day (Monday to Thursday) morning program (8:30-11:30 am)**

_____ **5-day (Monday to Friday) morning program (8:30am -11:30am)**

_____ **Add one hour of lunch to my child's half-day schedule (11:30am-12:30pm)**

Full day programs

_____ **4-day (Monday to Thursday) full day program (8:30am-3:30pm)**

_____ **5-day (Monday to Friday) full day program (8:30am-3:30pm)**

Before and after school care

_____ **Before school care (7:30am-8:30am)**

_____ **After school care (3:30-6:00pm). This is pro-rated depending on your child's individual schedule.**

Parent/Guardian #1

Name _____

Home Address if different from child

_____

_____

Employer _____

Home phone _____

Work phone _____

Cell phone _____

Email address _____

Parent/Guardian #2

Name _____

Home Address if different from child

_____

_____

Employer _____

Home phone _____

Work phone _____

Cell phone _____

Email address _____

Non-refundable registration fee is $50

Signature of Parent/Guardian _____ **Date** _____