



Enrollment Interest Form



Child's information

Name: _____

Birthdate or due date: _____

Do you have another child (or children) enrolled at our center:

- No
- Yes, name(s) and age(s) _____

Childcare information

Desired start date: _____

Desired Center: Site 1 (Tacoma - Golden Given) Site 2 (Puyallup - Meridian)
 Site 3 (Lakewood - Veterans Dr) Site 4 (Puyallup - 112th) Site 5 (Summit - Canyon Rd)

Anticipated Schedule: (Drop-off/pick-up times): _____

Payment type: Private pay Subsidy

Parent(s)/guardian(s) contact information

Parent/guardian #1:

Name and relationship to child: _____

Cell phone: _____

Email: _____

Parent/guardian #1:

Name and relationship to child: _____

Cell phone: _____

Email: _____