



LITTLE GUPPY CHILD DEVELOPMENT CENTER

St. Charles  
3151 Elm Point Industrial Drive  
St. Charles, MO 63301  
phone 636-916-4280  
fax 636-925-1171

O'Fallon  
1078 Bryan Road  
O'Fallon, MO 63366  
phone 636-240-7332  
fax 636-240-7332

APPLICATION FOR ENROLLMENT

Child Information

Child's Name:	Toilet Trained: <input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Date / Due Date:	Requested Start Date:
Current Care / Preschool / Elementary School:	
Does your child have any allergies:	
Does your child have any medical conditions, special care or education needs:	

Child's Name:	Toilet Trained: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Child's Name:	Toilet Trained: <input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Date / Due Date:	Requested Start Date:
Current Care / Preschool / Elementary School:	
Does your child have any allergies:	
Does your child have any medical conditions, special care or education needs:	

For Office Use Only

Date Received:	Initials:
Check / Money Order #	Amount:
Notes:	

## APPLICATION FOR ENROLLMENT, CONTINUED

### Parent / Guardian 1

Name:	
Address:	
City, State, Zip:	
Home Phone:	Mobile Phone:
Employer:	Office Phone:
Email Address:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Other: _____	

### Parent / Guardian 2

Name:	
Address:	
City, State, Zip:	
Home Phone:	Mobile Phone:
Employer:	Office Phone:
Email Address:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Other: _____	

### Custodial Information

Primary Residence: <input type="checkbox"/> Both Parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Other: _____
If applicable, please describe the custodial agreement arrangements:

### Payment Information

Responsible for Payment: <input type="checkbox"/> Both Parents <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Other: _____
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### Referral Information

How did you hear about us?: <input type="checkbox"/> Website <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Friend/Family <input type="checkbox"/> Other: _____
Who may we thank for your referral?

Thank you for choosing Little Guppy Child Development Center! Upon receiving this application, our directors will continue the enrollment process to find the perfect fit for your family. Please include a check or money order in the amount of \$50 for the application/enrollment fee. You will receive more information and paperwork prior to enrollment. When we have current openings, the enrollment fee and your chosen start date will hold your spot in the classroom. In the event that openings are not currently available, your family will be placed on the waitlist (in the order received) for the next possible opening. The directors will contact your family as soon as an opening becomes available, but as always you are welcome to inquire as to the status. Thank you again and please feel free to contact us with any questions you may have.

Parent Signature:
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