

Date of Application: _____
Application Expiration Date: _____
Annual Registration Fee Paid: _____
Payment Record #: _____

OFFICE USE ONLY:

Bear Room _____ Jungle Room _____
Zoo room _____ Cub Room _____
Potty Trained: (check one) Yes No

**Application for Enrollment
Moreno Valley College
Early Childhood Education Center
Children's Program**

MVC Student: Yes No
Student ID#: _____
Pell Grant Awarded: Yes No

Childs Legal Name _____
First Middle Last

Home Address _____
Street City Zip

Child's Sex M F **Child's Age** _____ **Child's Date of Birth** _____

I am interested in the following enrollment schedule. I am aware of the weekly tuition amount. The desired date of enrollment is: _____

MVC ECE Full Day Program
Operation Hours: 7:00 am – 5:30 pm
All children must arrive no later than 8:45 am

Please fill in the arrival and departure time for the days you would like to enroll your child.

	Arrival	Departure
Monday:		
Tuesday:		
Wednesday:		
Thursday:		
Friday:		

Parent Information:

Parent/Guardian _____
Contact Phone #: _____ **Alternate Phone #:** _____
Address, if different from child's: _____
Employer: _____ **Business Phone #:** _____
Work Address: _____
Email Address: _____

Co-Parent Information:

Parent/Guardian _____
Contact Phone #: _____ **Alternate Phone #:** _____
Address, if different from child's: _____
Employer: _____ **Business Phone #:** _____
Work Address: _____
Email Address: _____

Parent Signature: _____ **Date:** _____

Moreno Valley College Children's Program does not discriminate in providing services to children and their families, or in its employment practices, on the basis of race, religion, cultural heritage, sexual orientation, disability, political beliefs, sex, age or marital status.

