



Early Learning Academy Application
PLEASE PRINT

Student's Full Name: _____

Date of Birth ___/___/___ Male () Female () Requested Start Date _____

Does/Has any family member attend(ed) Early Learning Academy? If yes, give name(s) and relationship.

Your child's present school & dates of enrollment _____

How did you hear about us? _____

Program Sessions (check all that you may be interested in):

- 5 Full Days 8:30am-5:30pm
- 5 Full Days 8:30am-3:00pm (Pre K & Kindergarten)
- Morning Sessions 8:30am-12:00pm
- Afternoon Sessions 2:30pm-6:00pm
- Your request -

Parent/Guardian Information

Mother's full name: _____ **Phone:** _____

Emails (Print): _____

Employer Info: _____ **Phone:** _____

Father's full name: _____ **Phone:** _____

Emails: _____

Employer Info: _____ **Phone:** _____

Declaration

Please attach/enclose the application fee of \$27.00 (in the form of cash or check) with your application; placing you in our applicant pool. This fee is non-refundable, even if your child is not selected for enrollment. If space becomes available for your child, you will be contacted by an administrator. ELA welcomes and considers all applications without regard to race, religion, or ethnic or national background.

I pledge that the information provided is truthful and accurate to the best of my ability. It is further understood that any misstatement or omission may result in denial of admission or enrollment.

Name: _____ **Date:** _____

Signature: _____