

Application Fee: \$100

Jenkins Hill Child Development Center
1527 Pennsylvania Avenue, SE
Washington, DC 20003
(202) 543-4664
jenkinshillcdc@yahoo.com

Application for Enrollment

Preferred Start Date _____

Child _____
First Middle Last Male Female

Date of Birth _____ **Date Due** _____

Parent 1 _____
First Last

Home Address _____
Number Street City State Zip

Business Address _____
Number Street City State Zip

Home Phone _____ Work Phone _____ Cell _____

Primary Email Address _____

Parent 2 _____
First Last

Home Address _____
Number Street City State Zip

Business Address _____
Number Street City State Zip

Home Phone _____ Work Phone _____ Cell _____

Primary Email Address _____

Other Contact _____
First Last

Home Address _____
Number Street City State Zip

Business Address _____
Number Street City State Zip

Home Phone _____ Work Phone _____ Cell _____

Relationship to child _____

Signature of Parent _____ **Date** _____