

Application Fee: \$100

Jenkins Hill Child Development Center

1527 Pennsylvania Avenue, SE  
Washington, DC 20003  
(202) 543-4664  
[Director@jenkinshillcdc.org](mailto:Director@jenkinshillcdc.org)

Received	
Activated	
Offer Slot	
Deferred	
Start Date	

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 \_\_\_\_\_

Application expires 1 year from the date signed/Application is non-transferable