

# Lansing Preschool and Child Care Center

## Application/Interest form

Parent(s) Name(s): \_\_\_\_\_

Contact Information: \_\_\_\_\_

Children's Names: \_\_\_\_\_

Dates of Birth of children: \_\_\_\_\_

What days of the week and what times do you need care? (All days are full day rates).

- Fulltime (4-5 days per week)
- M-W-F
- T-TH

How soon are you hoping for care?

Are you an employee of the Lansing School District?

Are your children already enrolled in any of the other Lansing school district programs?

Is there any special information that we would need in caring for your child(ren)?

### Important Information:

A non-refundable \$25 deposit is required to hold any spot until enrollment.

Once accepted families are expected to pay for their reserved slots regardless of their child's attendance or school holidays except for prearranged vacation time.

-----**For Office Use Only**-----

Application received: \_\_\_\_\_ Response sent: \_\_\_\_\_

Children's Kindergarten year/potential classroom: \_\_\_\_\_

Dates of Follow up: \_\_\_\_\_