

EARLY CHILDHOOD LEARNING CENTER  
DON MILLS ACHIEVEMENT CENTER  
677 HOSPITAL DRIVE, Suite J  
WARREN, PA 16365  
723-5730

**APPLICATION FOR ENROLLMENT  
2020 - 2021  
For 3 & 4 year old first year students**

THIS INFORMATION WILL BE KEPT CONFIDENTIAL

CHILD'S FULL NAME \_\_\_\_\_  
NAME TO BE USED AT SCHOOL \_\_\_\_\_  
MALE OR FEMALE \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
FATHER'S NAME \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
MOTHER'S NAME \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
WORK PHONE (MOTHER OR FATHER) \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

EMERGENCY PERSON TO CALL AND OR PROVIDE TRANSPORTATION: (OTHER THAN PARENTS)

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

**CONFIDENTIAL INFORMATION**

1. Brothers and sisters:

Names

Ages

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Others in Home:

\_\_\_\_\_

2. Child lives with \_\_\_\_\_ both parents \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_ other