



Loving Arms Child Care Center
 1101 Willmar Ave. S.W.
 Willmar MN, 56201
 (320) 235-7271

Email: lovingarms@vinjchurch.com

PRE-ENROLLMENT APPLICATION

PARENTS NAME: _____

HOME ADDRESS: _____

street city state zip

HOME TELEPHONE: _____ CELL _____

FATHER'S PLACE OF EMPLOYMENT _____ PHONE _____

FATHER'S EMAIL: _____

MOTHER'S PLACE OF EMPLOYMENT _____ PHONE _____

MOTHER'S EMAIL: _____

FIRST CHILD'S NAME: _____ BIRTHDATE: _____

CHILD'S DUE DATE: _____ (if mother is expecting)

SECOND CHILD'S NAME: _____ BIRTHDATE: _____

PREFERRED ENROLLMENT DATE: _____

DESIRED DAYS AND HOURS _____

 CENTER USE ONLY SECTION (make copy for parents during first visit)

Date of application: _____ Registration Fee: _____

Teacher Interview Date: _____ Scheduled with: _____

Referred By: _____ Credit Applied: _____

Pre-Enrollment Checklist

___1) Review Parent Handbook: program philosophy, meals, illness and medications, required forms, behavior guidance, security policy, tuition policies, authorized pick – ups.

___2) Opportunities for parent involvement.

___3) Tour of facilities; introduction of staff members. Methods of communication: newsletter, daily sheets, telephone

___4). Welcome card sent out: date/initial _____

___5) Add name to: computer, file folder, and room lists.