

Frog Pond Early Learning Center

by Mother Nurture Company

7204 Harrison Lane
 Alexandria, VA 22306
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Student Application

Please complete and return via mail or in person. A non-refundable registration fee of \$200 must accompany the application in order to secure a spot. This application is no longer valid after two years of submission.

Child's Information

Last Name:	First:	Middle:
Date of Birth:	Sex:	Date:
Child primarily resides with: <input type="checkbox"/> Both Parents (same home) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Shared Custody		

Care Requested

<input type="checkbox"/> Full-time (five days per week up to 10 hrs/day)	<input type="checkbox"/> Part-time (full days only; 3 or 4 days per week; same days each wk) Please indicated days requested: (Wed. not avail.)	
	<input type="checkbox"/> Flexible: [] days/week (indicate number of days requested)	
	<input type="checkbox"/> Specific Days Required: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	
Requested Start Date:	Requested Arrival Time:	Requested Departure Time:
Are there special needs that you request we accommodate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what are they and how can we make accommodations?		
How did you hear about Frog Pond?		

Parent/Guardian Information

Last Name:	First:	Middle:
Home Address:		
Home Phone:	Cell Phone:	Home Email:
Employer:		
Employer Address:		
Work Phone:	Work Email:	

Parent/ Guardian Information

Last Name:	First:	Middle:
Home Address: <input type="checkbox"/> check if same as above		
Home Phone:	Cell Phone:	Home Email:
Employer:		
Employer Address:		
Work Phone:	Work Email:	

Previous Care Experience

Has your child has experience in other childcare settings? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of childcare setting:	From:	To:
Reason for leaving?		
Name of childcare setting:	From:	To:
Reason for leaving?		

For Frog Pond Use Only

Date Received:	Received by:
Deposit Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please attach copy If no, please indicate status and next steps:
Next Available Start Date:	Class: <input type="checkbox"/> Tadpoles <input type="checkbox"/> Frogs
<input type="checkbox"/> Confirmed Full-time (five days per week up to 10 hrs/day)	Part-time Schedule: <input type="checkbox"/> Proposed <input type="checkbox"/> Confirmed Full days only; between 1- 4 days per week; same days each wk). Please indicated days requested: <input type="checkbox"/> Flexible: [] days/week (indicate number of days requested) <input type="checkbox"/> Specific Days: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri
Directed to web to download and complete the enrollment packet: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Notes:	