

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 This application is no longer valid after two years of submission.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: | |

An inclusive non-profit early learning center dedicated to working families.

Previous Care Experience

| | | |
|---|-------|-----|
| Has your child had 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: | |