



Application Form

Today's Date:

Child's Full Legal Name:

Name by which child is called:

Date of Birth:

Full name of primary parent/guardian:

Address:

Home phone: Work phone: Cell phone:

Email:

Best way to reach you about application status: Home Phone ☐ Work Phone ☐ Cell Phone ☐ Email ☐

I wish to enroll my child into the following program:

Infants (6 weeks - 15 months) ☐ Toddlers (15 months - 24 months) ☐ Two's (24 months-36 months) ☐

Date you wish to start your child in the Early Learning Center:

Are you a member of St. Andrew Apostle Parish?

Do you currently have another child enrolled in St. Andrew Apostle School?

How did you first hear of the St. Andrew Apostle Early Learning Center?

What considerations did you take when inquiring about the Early Learning Center? (Please check all that apply)

Location ☐ Hours of Operation ☐ Catholic Identity ☐ Curriculum ☐ Cost ☐

Other ☐ (please explain)_____

Please submit this form to:

St. Andrew Apostle School
Early Learning Center
11600 Kemp Mill Road
Silver Spring, MD 20902