

ENROLLMENT APPLICATION

Herndon Children's Center

530 Huntmar Park Drive

Herndon, VA 20170

(703) 707-3737

www.herndonchildrenscenter.org

Child's Name _____

Birthdate _____ (or) Projected Birthdate _____

Child's Home address _____
Street City State Zip

Home Phone Number _____

Mother's Name _____

Mother's address (if different from child's) _____

Mother's email address _____

Work Phone # _____ Mother's Cell # _____

Mother's Employer _____

Father's Name _____

Father's address (if different from child's) _____

Father's email address _____

Work Phone # _____ Father's Cell # _____

Father's Employer _____

Desired Enrollment Date _____ Willing to Slot Share? _____

Referred by: _____

Please read the information below and initial each on the stating you have read and understand the fees the needed to be collected a the time of enrollment.

- When a space becomes available I understand that a \$100 enrollment fee is due. _____
- In addition, I understand that a security deposit equal to one half of the monthly tuition payment is required. This may be paid in installments of no less than \$100 each billing period.

- A \$60 application fee must accompany this form. _____

Signature of Parent/Guardian _____ Date _____

FOR OFFICE USE ONLY

DATE REC'D _____

CHK# _____

CHK AMOUNT _____

\$60 application fee is per child; non-refundable
\$100 registration fee is per family; non-refundable
Security deposit is per child; credited back to acct and/or refundable IF a
minimum 2 weeks notice is given of intent to withdraw.