

Prime Time Children's & Youth Activity Center, Inc.

Enrollment Application

Child's Name _____

Birthdate ____/____/____ Age ____ Years ____ Months ____

Name of Mother _____

Address _____ Home Phone _____
Street City Zip

Where Employed _____ Hours _____

Work Phone _____ Pager/Cellular Phone _____

Email Address _____

Name of Father _____

Address _____ Home Phone _____
Street City Zip

Where Employed _____ Hours _____

Work Phone _____ Pager/Cellular Phone _____

Email Address _____

Desired days per week for enrollment _____

Time desired _____ A.M. _____ P.M. _____ full day

Parent's Signatures) _____

Referred by _____

Date _____

