



For Office Use Only

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

# Application for Enrollment

## Child's Information

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: \_\_\_\_ Due Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SS#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If applicable, how many weeks do you plan to take for maternity leave? \_\_\_\_\_

Please list any allergies your child may have: \_\_\_\_\_

## Parent / Guardian Information

Parent/Guardian #1: \_\_\_\_\_

Employer & Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

Employer & Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Class Registration Information

Please check which Campus you are applying to:  Westbrook Campus  Scarborough Campus

Program:	Days Requesting:	Daily Schedule:	Start Date:
(Circle)	(Circle Days)	(Circle)	
Infant	Mondays	Half Days (9 am to Noon)	_____
Toddler	Tuesdays	8 ½ Hour Days	
Preschool	Wednesdays	10 Hour Days	
Pre-K	Thursdays		
Before Care	Fridays	Drop-off Time: _____	
After Care		Pick-up Time: _____	

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about the Little Dolphin School? \_\_\_\_\_

**Please mail application to appropriate location:**

Westbrook Campus · 101 County Road Westbrook, Maine 04092 · Phone: (207) 874-9909 · Fax: (207) 874-9902  
Scarborough Campus · 183 US Route One · Scarborough, Maine 04074 · Phone: (207) 883-9990 · Fax (207) 883-9994  
www.littledolphinschool.org