



DAR-LINGS LEARNING CENTER

"PRE-ENROLLMENT FORM"

Office: 972-307-8300 Fax: 972-428-7004

First Child's Name _____
D.O.B. _____ Age _____ Gender: M F

Second Child's Name _____
D.O.B. _____ Age _____ Gender: M F

Home Address _____
City _____ State _____ Zip Code _____

Home Phone Number
(____) _____

Mother's Name _____ Cell # (____) _____
Employer _____ Daytime # (____) _____

Father's Name _____ Cell # (____) _____
Employer _____ Daytime # (____) _____

****Primary Contact Parent****

Name: _____ Daytime # (____) _____

Enrollment Options: (Please check all that apply)

- Full Time Preschool
- Part Time Preschool
- After School - School Attending _____

FOR DLLC USE ONLY:

Registration Fee: \$100.00 for one child; \$150 for two or more children.
Start date _____

I certify that the information given in this document is correct to the best of my knowledge. I am aware that I must pay a non-refundable registration fee in order to secure my child's spot.

Parent Signature _____ Date _____