

Arlitt website: www.arlittchilddevelopmentcenter.com

Mail to: Arlitt Child Development Center, One Edwards Center P.O. Box 210105
Cincinnati, OH 45221-0105
Arlitt Phone: (513) 556-3802

Arlitt Preschool Tuition Enrollment Application

An application fee of \$35 is required to accompany your completed application.

Date of Application: _____/_____/_____

Child's name _____

Home Address _____

Date of Birth _____/_____/_____

Gender M F

Home phone (____) _____ - _____

Parent/Guardian Name _____

Relationship to Child _____

Phone (____) _____ - _____

Place of Employment _____

Email: _____

Parent/Guardian Name _____

Relationship to Child _____

Phone (____) _____ - _____

Place of Employment _____

Email: _____

*If you are employed by UC, please provide your UC ID number below.

M _____

M _____

Please list all children in your family in order of birth, including the child for whom this application is being made. (If more than three, please list others on the back of the sheet).

_____ Birthdate _____/_____/_____

_____ Birthdate _____/_____/_____
_____ Birthdate _____/_____/_____

Session Preference (please mark 1st, 2nd, and 3rd preference):

Morning M – Th 8:15 – 11:45 AM _____

Full Day M – F 7:45 AM – 5:15 PM _____

Afternoon M – Th 12:45 – 4:15 PM _____

Extended Day M – F 8:45 AM – 3:15 PM _____

Extended Day w/ Aftercare M – F 8:45 AM – 5:15 PM _____

(optional)

Race, Nationality, or Ethnic Group _____

What language is spoken in the home? _____

If your child has a special need or a diagnosed disability, please describe: _____

How did you hear about the Arlitt Center? _____

What, if any, other schools has your child attended? _____