



Enrollment Application Form

We sincerely hope that our program is what you are looking for to meet the needs of your child and family. Enrollment acceptance is offered on a first come, first served basis, upon availability. Completed forms can be dropped off at the Anchor ELA Office or sent to admin@anchorela.com.

Student Information

Child's Full Name _____ Child's Date of Birth: _____

Gender: _____

Primary Address: _____ City/Zip Code: _____

Father's Full Name: _____ Mother's Full Name: _____

Church Affiliation: _____ Is your child baptized: _____

Parent Information (if different from child's)

Father's Address: _____ Mother's Address: _____

City/Zip Code: _____ City/Zip Code: _____

Phone Number: _____ Phone Number: _____

Child's Age Group (please circle one)

3K (30 mo -4 years)

4K (4 -5 years)

Days & Times of Care: (please fill in all that apply)

Monday	Tuesday	Wednesday	Thursday	Friday
_____	_____	_____	_____	_____

Projected First Day of Attendance: _____

Space will be confirmed once Enrollment Fee is received. Tuition is due the first Friday of each month.