

**Saint Paul Early Education, Inc**

Parent #1 Name:

Email Address:

Parent #2 Name:

Email Address:

Address:

Cell Phone: Work Phone:

Email address:

Child’s Name: Date of Birth:

Date of preferred enrollment: / /

Full time hours needed:

How did you hear about us?

Has your child ever been in childcare? If yes…. where?

Deposit Amount $

**Deposit is non-refundable (please initial)**

Signature Date