

**R.F. HAIRSTON EARLY LEARNING CENTER  
PRE-REGISTRATION FORM**

(Please include a \$25 non-refundable registration fee with this application)

<b>Child's Name</b> _____	<b>Date of Birth:</b> _____	<b>Sex:</b> _____
<b>Race, Nationality, or Ethnic Group:</b> _____		
<b>Address:</b> _____	<b>Phone:</b> _____	
<b>Mother's Name:</b> _____	<b>Work Phone:</b> _____	
<b>Father's Name:</b> _____	<b>Work Phone:</b> _____	
<b>Child Lives With:</b> _____		
<b>Annual Family Income Per Year:</b> _____		

<b>REQUESTED DAYS OF ATTENDANCE</b>		
<b>Days: M T W TH F</b>	<b>Hours</b> _____	<b>AM</b> _____ <b>PM</b> _____
<b>Requested Start Date:</b> _____ - _____		

**Does this child have a disability or special need? If yes, please explain.**

**How did you learn about the R.F. Hairston Early Learning Center?**

**How well does your child speak and understand English?**

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**For Office Use Only**

**Date Application Received:** \_\_\_\_\_

**Date Eligible for Entrance:** \_\_\_\_\_

**Enrollment Age:** \_\_\_\_\_