

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

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

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

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

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: _____