

Office Use: date received _____

Waiting list # _____

HDC Early Learning Center

Application for admission

Date you wish to enroll your child in the HDC Early Learning Center _____

Child's Name _____ Birth date/due date _____

Parent/Guardian's Full Name _____

Department _____ Position _____

Campus Phone _____ E-mail _____

Home Address _____ Zip _____

Home Phone _____ Cell _____

Other Parent/Guardian's Name _____

Email Address: _____

Place of employment _____ Work Ph _____

If LSU: Dept _____ Position _____

Home Phone (if different) _____ Cell _____

The Early Learning Center is an inclusive program well equipped to serve children with disabilities. Does your child have an identified disability or medical condition? If yes, please describe. _____

Does this child have a sibling who is presently enrolled? _____

If so child's name _____ age _____

Parent Signature _____ Date _____

Completion of this form does not guarantee admission. When a space becomes available at the center the parent or guardian will be notified at which time an enrollment packet, current immunization record, emergency contact information, and a non-refundable \$175.00 registration fee will be required.