



# Morgantown Early Learning Facility

## Application for Enrollment

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

### Child's Legal Guardian(s):

(Please check one)

- Mother and Father
- Mother
- Father
- Other (please specify)

Note: If one parent has sole legal guardianship, legal verification is required

### Program Selection:

- One Year Old       Infants
- Toddler             Pre-K
- Preschool

### Guardian Information

Guardian #1 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Guardian #2 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about ELF? \_\_\_\_\_

Requested Date of Enrollment: \_\_\_\_\_

Estimated time of arrival: \_\_\_\_\_ a.m. Pick up time: \_\_\_\_\_ p.m.

(Note: ELF's hours of operation are 6:30 a.m. – 6:00 p.m. Monday through Friday)

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **Please return this form with the non-refundable \$50.00 application fee to:**

#### Site 1

Morgantown Early Learning Facility (ELF)  
302 Scott Avenue  
Morgantown, WV 26508  
304-291-5845

#### Site 2

Morgantown Early Learning Facility (ELF)  
72 Distributor Drive  
Morgantown, WV 26508  
304-241-4632

**VACANCIES IN ENROLLMENT ARE FILLED IN ORDER OF THE DATE THE APPLICATION AND FEE IS RECEIVED BY ELF.**

(For Office Use Only)

Received: \_\_\_\_\_

Check #: \_\_\_\_\_

Initials: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_