

ReaLife Early Learning Center

3902 West 38th street Erie, Pa 16506. Phone: 814-835-5178

Kara Kelly, Director: Kara@rlaerie.com

Application For Enrollment

Date of Application: _____

Child's Full name: Last. First. Middle.

Date of Birth: Sex: Race:

Address: City: State: Zip:

Parent/Guardian #1. Name: Employer:

Home Phone: Cell Phone: Work Phone:

Email: Relation to Child:
Address (If Different From Child). City: State: Zip:

Parent/Guardian #2. Name: Employer:

Home Phone: Cell Phone: Work Phone:

Email: Relation to Child:
Address(If Different From Child). City: State: Zip:

Names and ages of other children in the family:

Has your child ever been to an early education center before? Yes. NO
(If Yes, Where)

Church membership or Religious preference:

Signature of Parents/Guardian: Date: