



Holly Ridge Center

A United Way Agency

Early Learning Center Application

Name of Child: _____ DOB: _____ Sex: _____

Address: _____
Street Name City/State Zip code

Parent's Name(s): _____

Home Phone Number: _____ Work/Cell Number: _____

Siblings or other Household Members:

_____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Tell us a little about your child:

Some of my child's favorite activities include: _____

How well does your child separate from you? _____

What are some of your child's dislikes? _____

Does your child have any allergies that you are aware of or any snack items that should be avoided? : _____

What are some goals that you wish your child to obtain while here at the Growing Place?

Date you would prefer to start classes: _____

Parent Signature: _____ Date: _____