



ENROLLMENT FORM
HAYAT CHILDREN'S CENTER
 13100-DIAMOND HILL DRIVE
 GERMANTOWN, MD. 20874

Date to be enrolled _____
 Child's Name _____
 Name used at home _____
 Date of birth _____
 Present age _____

Sex

M F

Address

Phone

FAMILY INFORMATION

Father's name _____
 Father's Occupation _____
 Home Address _____
 Business Address _____

Phone ()-()-()

Mother's name _____
 Mother's Occupation _____

Business Address _____
 Phone ()-()-()

Guardian's Name: _____

Relationship to child: _____

Business Address _____

Phone ()-()-()

Reservation Fee -----

Registration Fee -----

Paid Amount _____ Date _____ Check Number: _____

Deposit: Amount _____ Date _____ Check Number _____

Desired Registration (Please Select one)

- All Day: 7am to 6pm
 - Toddlers (12-24 months)
 - Two years old
 - Three years old
 - Four years old

- Before and after school
Elementary School Your Child enrolled at:

Address _____

www.Hayatchildrencenter.com

Phone ()-()-()

Morning and Afternoon preschool program

Monday through Friday 9am to 12:45pm

Addition information about the child

Is there anything else you would like to share with us about your child that could help us better understand him/her?

Parent/Guardian Signature _____

Date

Director's Signature _____

Date