

Dearborn Early Learning Center Application for Admission Preschool 2024-2025



Child's Last Name:	Child's First Name:	Birth Date: (Must be 3 years old by 12/1/24)
M - 1 - 2 - 11 - 2 -	Charles Allinea	
Mother's Cell:	Street Address	
Father's Cell:	City:	Zip Code:
Room #1	Full-Day Session	Half-Day Morning Session
M-F (Miss Lauren & Miss Megan)	8:00 a.m. 3:00 p.m.	Not Available
M/W/F (Miss Lauren & Miss Megan)	8:00 a.m. 3:00 p.m.	Not Available
T/TH (Miss Lauren & Miss Megan)	8:00 a.m. 3:00 p.m.	Not Available
Room #2	Full-Day Session	Half-Day Morning Session
M-F (Miss Stacy)	8:00 a.m. 3:15 p.m.	8:30 a.m 11:30 a.m.
M/W/F (Miss Stacy)	8:00 a.m. 3:15 p.m.	8:30 a.m 11:30 a.m.
T/TH (Miss Stacy)	8:00 a.m. 3:15 p.m.	8:30 a.m 11:30 a.m.
Room #3	Full-Day Session	Half-Day Morning Session
M-F (Miss Jennifer & Miss Lynda)	8:00 a.m. 3:30 p.m.	8:30 a.m 11:30 a.m.
M/W/F (Miss Jennifer & Miss Lynda)	8:00 a.m. 3:30 p.m.	8:30 a.m 11:30 a.m.
T/TH (Miss Jennifer & Miss Lynda)	8:00 a.m. 3:30 p.m.	8:30 a.m 11:30 a.m.
*All registration forms must be accompan	iied by non-refundable/non-transferable registr	ation payment to reserve your child's spot.
*Classes are filled on a first-come, fir	st-serve basis. *Child must be potty trained	1.
*Withdrawing Your Child From the Progra	m: Any money paid at registration to hold your	child's spot is non-refundable & non-transferable.
Signature:		Date: