



## Application for Enrollment

Year: 20\_\_ to 20\_\_

**Child's Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

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

**Child's Residence:** \_\_\_\_\_ **Apt. #** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

Is this a two-parent family? \_\_\_\_\_ A single-parent family? \_\_\_\_\_

With whom does the child live? \_\_\_\_\_

**Name of the first parent:** \_\_\_\_\_

**Profession:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

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

**Name of second parent:** \_\_\_\_\_

**Profession:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Does the child have siblings living at home? If yes, list names and ages.

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What language(s) is (are) spoken at home?

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Are there any special concerns about your child's physical or emotional health? \_\_\_\_\_  
\_\_\_\_\_

Who will be responsible for paying for tuition?  
\_\_\_\_\_

What are your reasons for applying to Lil' Bebe Academy?  
\_\_\_\_\_

Please write a brief description of your child, including special interests, fears, strengths and weaknesses \_\_\_\_\_  
\_\_\_\_\_

Does your child have any daycare experience? \_\_\_\_\_

**Name of parent completing this form:** \_\_\_\_\_

**Parent's Signature**

**x** \_\_\_\_\_

**Date** \_\_\_\_\_

Please return the form along with \$50 non-refundable fee to:

Lil' Bebe Academy, Inc  
21w144 Everest Road | Lombard | IL 60148