



Smart-Ed Early Learning Center



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PRE-ENROLLMENT REGISTRATION FORM

Thank you for your interest in the **Smart-Ed Early Learning Center**. Choosing a quality child care program is one of the most important decisions you will make. We take your decision seriously and are committed to living up to the important responsibility of caring for your child.

Prior to enrollment, the Center Director will schedule a time for you to meet with your child's primary caregivers to learn more about the **Smart-Ed Early Learning Center** program and develop a transition schedule for you and your child. The Director will review the parent/guardian policies/procedures and enrollment forms at that time.

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Parent/Guardian Information:

Name: _____ Relationship: _____ Phone: _____

Home Address: _____

Company Address: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Home Address: _____

Company Adress: _____ Phone: _____

Days and Hours Desired*: MON TUE WED THU FRI

What date would you like enrollment to begin? _____

(Parent/Guardian's Signature) _____ (Date) _____