



**Brookside Children's Early Education Center  
Enrollment Application**

“Striving for Excellence in Early Childhood Education”

**Please circle site of enrollment**

675 N. Brookside Rd. Wescosville, PA 18106

610-481-9955

OR

357 S. Route 100 Allentown, PA 18106

610-841-9996

Parent/ Guardian Name(s): \_\_\_\_\_

Child’s Address: \_\_\_\_\_

Parents address if different from child’s: \_\_\_\_\_

Mother’s best contact number: \_\_\_\_\_ indicate: cell / work

Mother’s e-mail address: \_\_\_\_\_

Father’s best contact number: \_\_\_\_\_ indicate: cell / work

Father’s e-mail address: \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_

Registering Days:      Monday      Tuesday      Wednesday      Thursday      Friday  
(Please circle )

Child's Full Name (if applicable): \_\_\_\_\_

- Birth Date/ Due Date (if applicable): \_\_\_\_\_
- Age of Child at time of start date: \_\_\_\_\_
- Child’s Elementary School (if applicable): \_\_\_\_\_
- School Age Only- Please Circle:    Before & After    Just Before    Just After

Child's Full Name (if applicable): \_\_\_\_\_

- Birth Date/ Due Date (if applicable): \_\_\_\_\_
- Age of Child at time of start date: \_\_\_\_\_
- Child’s Elementary School (if applicable): \_\_\_\_\_
- School Age Only- Please Circle:    Before & After    Just Before    Just After

Child's Full Name (if applicable): \_\_\_\_\_

- Birth Date/ Due Date (if applicable): \_\_\_\_\_
- Age of Child at time of start date: \_\_\_\_\_
- Child’s Elementary School (if applicable): \_\_\_\_\_
- School Age Only- Please Circle:    Before & After    Just Before    Just After

List any special needs or allergies we need to know about: (if your child has an IEP and/or a Treatment Plan we ask that we may have a copy of this prior to start date so we can assist in helping the best way possible)

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**\*Congratulations and Thank you for choosing BCEEC. We look forward to building a lifetime of love, learning and laughter with you and your child. Please read through entire contract before signing.**

\*This application is to hold a spot in our classroom here at Brookside Children's Early Education Center. Anticipated start date is **NOT** guaranteed on that exact date, due to the amount of children in the classroom/ other children's age in order to transition to the next classroom. This application along with the \$50.00 registration fee and one week's deposit guarantees the child on the application a spot in the requested classroom. Again, requested start date is **NOT** guaranteed to be the exact date of request. The Director will set up the start date closer to the anticipated date.

\*If there is a sibling enrolled here at Brookside Children's Early Education Center, sibling(s) may NOT be pulled out of care during maternity leave.

\*Please submit this application along with the \$50.00 registration fee (per child) and one week's deposit. Deposit week's tuition amount is \$\_\_\_\_\_. Total being submitted is \$\_\_\_\_\_. ***This is a non-refundable fee after 3 business days. (You have 3 business days from payment to terminate this contract.) Please initial understanding this part of the contract:***

**Spots will not be held without this information and fees. One weeks Deposit is held into account, and would apply towards last week of tuition.**

TOTAL PAID: \_\_\_\_\_

PAYMENT OWED: \_\_\_\_\_

I hereby understand the contract between myself and Brookside Children's Early Education Center.

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you,

Devon L. Raad, Owner  
Alisha Mackenroth, Director of Rt. 100 Location  
Debi Hogan, Director of Brookside Rd. Location  
Brookside Children's Early Education Center