



St. Alban's Early Childhood Center, Inc  
3001 Wisconsin Ave., NW  
Washington, DC 20016  
202.363.7380  
saecc@yahoo.com

## Application Form

Please print and complete the form below. Forms may be mailed or hand delivered to the center, Attn: Business Manager, Jan Joell at the above address. A \$75.00 non-refundable application fee must accompany this form. When a space becomes available, applications are sorted first by the date the application was received then by age and sex of the child. Applications are accepted year round. Submission of the Application Form does not guarantee placement in the center. Checks should be made payable payable to SAECC.

Enrollment Category: \_\_\_\_\_ Full Pay      \_\_\_\_\_ DC Voucher      \_\_\_\_\_ Tuition Assistance

Child's Name: \_\_\_\_\_ Requested Start Date \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex of Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_