



### Enrollment Interest Form

Today's Date: \_\_\_\_\_

**Applying for:**

- DOVE/PPEC    LAMB (Infant - 1.5's)    ANGEL (1.5's - 2.5's)
- NOAH'S ARK (2.5's - 3.5's)    PROMISE (4's & VPK)    SCHOOL AGE

<b>Child Name:</b>	<b>Child Name:</b>
<b>Date of Birth:</b>	<b>Date of Birth:</b>
<b>MALE   or   FEMALE</b>	<b>MALE   or   FEMALE</b>
<b>Diagnosis:</b>	<b>Diagnosis:</b>
<b>Current Therapies:</b>	<b>Current Therapies:</b>
<b>Insurance Name:</b>	<b>Insurance Name:</b>

<b>Parent Name(s):</b>
<b>Phone Number:</b>
<b>Email Address:</b>
<b>How did you hear about us?</b>

**Type of Enrollment (check all that apply):**

<input type="checkbox"/> <b>Tuition / Private Pay</b>	<input type="checkbox"/> <b>ELC School Readiness Voucher</b>	<input type="checkbox"/> <b>ELC VPK Voucher</b>
<input type="checkbox"/> <b>PPEC/Medicaid</b>	<input type="checkbox"/> <b>Step Up for Students Family Empowerment Scholarship</b>	<input type="checkbox"/> <b>MCCYN - Military Childcare Program</b>

What would you like for us to know about your child(ren): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Thank you for your interest. Please allow 48 hours for a response from DLC's enrollment team. For any questions, email [Enrollment@DLCjax.org](mailto:Enrollment@DLCjax.org) or call 904-387-0370, ext. 106.

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