



Beach Babies Learning Center

*"Designed with our own
children in mind."*

Enrollment Information

Future Enrollments or Waiting List

Please complete and return this form to save a space for your child. There is no deposit necessary. Once this form is received your child will be added to our schedule.

Child's Name or Last Name: _____

Child's Birthday or Due Date: _____

Child's Address: _____

Parents Name: _____

Cell Phone: _____

Email Address: _____

Estimated Start Date: _____

Please circle your child's age/class

Infant * Toddler * Transition * Preschool * Pre-K
(6 wks-1) (1-2) (2 -3) (3-4) (4-5)

Please circle the days that your child will be attending:

Monday Tuesday Wednesday Thursday Friday