



TODDLER ENROLLMENT APPLICATION

Date Received _____ (18 months _____)(2½ yrs. _____) Deposit Amount _____
(For office use only)

Toddler program (Ahwatukee Campus Only)
Monday - Friday 8:30 AM - 5:00 PM

Child's name: _____ Nickname: _____

Date of birth: _____ Gender: Male Female

Child living with: Both Parents Mother Father Other

Parent or guardian: _____

Home Address: _____ City: _____ Zip: _____

Major cross streets _____

Best Phone # to reach you at: _____

Email Address: _____

Father's occupation: _____ Mother's occupation: _____

Firm: _____ Firm: _____

Phone: _____ Phone: _____

How did you hear about us? Family/Friends Online search Social media Other _____

What are your reasons for choosing AFM? _____

Child's health: general condition: _____

Any known birth injuries/physical handicaps? _____

Food and/or Other Allergies: _____

Vision: _____ Hearing: _____

Any health conditions in family having influence on child? _____

Siblings & their ages: _____

Signatures: Mother: _____ Father: _____

A \$75.00 non refundable deposit must accompany this enrollment application.
Personal check or cash only please. We do not accept debit/credit cards.