



## TODDLER ENROLLMENT APPLICATION

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

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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? \_\_\_\_\_

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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.