

INFANT APPLICATION

Iron Range Tykes Learning Center
8520 Park Ridge Dr, Mt Iron MN 55768
P: 218-248-6881 F: 218-288-5896

Baby's Last Name: _____ Address: _____

Guardian/s: _____

Main Phone: _____ E-mail: _____

Estimated Due Date: _____ Maternity leave: _____ Desired start date: _____

Notes: _____

Child's hours at center:

Monday	Tuesday	Wednesday	Thursday	Friday

Schedule notes _____

Enrollment Agreement: I (we) have fully read and understood the Parent Handbook that is located on the Iron Range Tykes Website. I (we) agree to abide by the policies and procedures as stated in the Handbook. I (we) understand that a spot will not be reserved without registration and deposit paid in full. Spots are filled on a first come, first serve basis.

Signature/s: _____ / _____

----- OFFICE USE ONLY -----

Applic Submission date: _____ Tour date: _____ Month/Year Reserved: _____

\$50 non-refundable Registration Paid: _____ \$22 non-refundable Deposit Paid: _____

Notes: _____

- Now pregnant! Update this application. Email guardians updated details.
- Baby has arrived! Update this application. Email guardians full Child Applic and updated details
- Tour has been scheduled to drop off supplies, review completed Applic, briefly meet staff again