



Morgantown Early Learning Facility

Application for Enrollment

Child's Name: _____ Gender: _____ Date of Birth: _____

Child's Home Address: _____

Child's Legal Guardian(s):

(Please check one)

- ☐ Mother and Father
☐ Mother
☐ Father
☐ Other (please specify)

Note: If one parent has sole legal guardianship, legal verification is required

Program Selection:

- ☐ Infant ☐ Preschool
☐ One-Year Old ☐ Pre-K
☐ Toddler (Two Year Old)

Guardian Information

Guardian #1 Name: _____

Address: _____

Cell: _____

Home Phone: _____

Work Phone: _____

Email: _____

Guardian #2 Name: _____

Address: _____

Cell: _____

Home Phone: _____

Work Phone: _____

Email: _____

How did you hear about ELF? _____

Requested Date of Enrollment: _____

Estimated time of arrival: _____ a.m. Pick up time: _____ p.m.

(Note: ELF's hours of operation are 6:30 a.m. – 6:00 p.m. Monday through Friday)

Signature of Guardian: _____ Date: _____

Please return this form with the non-refundable \$50.00 application fee to:

Site 1

Morgantown Early Learning Facility (ELF)
302 Scott Avenue
Morgantown, WV 26508
304-291-5845

Site 2

~~Morgantown Early Learning Facility (ELF)
72 Distributor Drive
Morgantown, WV 26508
304-241-4632~~

VACANCIES IN ENROLLMENT ARE FILLED IN ORDER OF THE DATE THE APPLICATION AND FEE IS RECEIVED BY ELF.

(For Office Use Only)

Received: _____

Check #: _____

Initials: _____

Enrollment Date: _____

A non-profit, parent-owned, educational center.