



EARLY LEARNING CENTER

## Application for Enrollment

### STUDENT INFORMATION

Date Completed:

Child's Name:

Date of Birth:

Gender:

### CONTACT INFORMATION

Mother's Name:

Father's Name:

Address:

City:

State:

Zip:

Primary Phone Number:

Emergency Phone Number:

Email Address:

**A \$50.00 non-refundable application fee  
is required and to be paid online by clicking the link below.**  
[Early Learning Center Registration Payment](#)

For more information please  
contact the AUM Early Learning Center  
(334) 244 - 3441