



H A R D I N G

EARLY LEARNING CENTER

Box 10775, HU
Searcy, Arkansas 72149
Phone: 501 279 7217 FAX: 501 279 7213

Child's legal Name _____ Goes by _____

Child's Birth Date _____ Gender _____ SS # _____

Father's Full Name _____ Occupation _____

Mother's Full Name _____ Occupation _____

Home Address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____

Cell Phone # 1 _____ Cell Phone #2 _____

Mailing Address (if different) _____

Primary E-Mail _____ Secondary E-Mail _____

Desired time to begin enrollment _____ year. _____ Fall _____ Spring

Times you would like to enroll your child:

Full Time Mon.-Fri. All Day Mon/Wed/Fri All Day Tues/Thurs ½ Day Mon/Wed/Fri ½ Day Tues/Thurs

Pre-K center open: 7:30am-5:3pm for All Day option: 7:30am-12:00pm for Half Day option

Signed _____

Do Not Fill In- Office Use Only

Date eligible for entrance _____ H # _____

Date application was received _____