



Admissions Application

123 NW 36th Street; Suite 120
Seattle, WA 98107
(206) 547-1433

Website: www.ourbeginning.com

Admissions Email: admissions@ourbeginning.com

Date Child Started
(office use only)

Child's Name	Last	First	Middle	Name Used	Date of Birth
Street Address			City, State		Zip Code
Child's Parent/Guardian Name		10-Digit Home Telephone Number		10-Digit Telephone Number (Work)	
Home Street Address			City, State		Zip Code
Place of Business: Company Name & Address			City, State		Zip Code
E-mail Address		Cell Telephone Number		Occupation	
Child's Parent/Guardian Name		10-Digit Telephone Number		10-Digit Telephone Number (Work)	
Home Street Address			City, State		Zip Code
Place of Business: Company Name & Address			City, State		Zip Code
E-mail Address		Cell Telephone Number		Occupation	
Requested date for services to begin:		How did you hear about Our Beginning?			

Days and Times Services are Needed

[] Monday [] Tuesday [] Wednesday [] Thursday [] Friday

Please check days of week and the time of day Our Beginning faculty should expect your child to arrive and depart (open 7am – 6pm). This is essential in assigning adequate faculty to care for your child. **Note: We do not offer part time care/rates for infants or early toddlers, 12-24 months of age. Priority is given to full-week enrollment.*

- [] Monday
- [] Tuesday
- [] Wednesday
- [] Thursday
- [] Friday

Application Procedure

Please complete and mail in this application form along with a \$150 non-refundable check per child to 123 NW 36th St. Suite 120, Seattle, WA 98107. This fee will place your child on our application list for current or future openings and does not guarantee enrollment at Our Beginning.

Parent/Guardian's Signature _____ Date _____

Office Use Only: Date Received: _____ Check# _____ Date contacted: _____