

# 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: \_\_\_\_\_

**Child's hours at center:**

Monday	Tuesday	Wednesday	Thursday	Friday

The package I am choosing is: \_\_\_\_\_ 5 DAY PKG \_\_\_\_\_ DROP IN

Schedule notes \_\_\_\_\_

**Fee:** County Assistance \_\_\_\_\_ Private Pay \_\_\_\_\_

**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: \_\_\_\_\_ Projected start date: \_\_\_\_\_

\$40 Registration Paid: \_\_\_\_\_ \$200 Deposit Paid: \_\_\_\_\_

Notes: \_\_\_\_\_

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