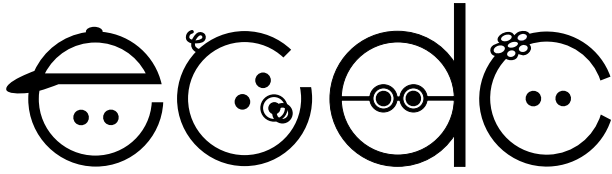


Cathy G. Hudson



Envision Child Development Center



To improve the quality of life and provide inspiration and opportunity for people who are blind or visually impaired through employment, outreach, rehabilitation, education and research.

# Application for Admission



Date of Application: \_\_\_\_\_

Office Use Only

Desired Enrollment Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

First	Middle	Last	Familiar
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Residence: \_\_\_\_\_

Street	City	State	Zip
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Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Preschool/Daycare Presently Attending: \_\_\_\_\_

How did you hear about Envision Child Development Center? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Guardian 1 Information:**

Name: \_\_\_\_\_

Stepmother: \_\_\_\_\_  
(if applicable)

Address: \_\_\_\_\_  
(if different than applicant)

\_\_\_\_\_

Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Name of Business: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

**Guardian 2 Information:**

Name: \_\_\_\_\_

Stepfather: \_\_\_\_\_  
(if applicable)

Address: \_\_\_\_\_  
(if different than applicant)

\_\_\_\_\_

Cell phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Email address: \_\_\_\_\_

\_\_\_\_\_

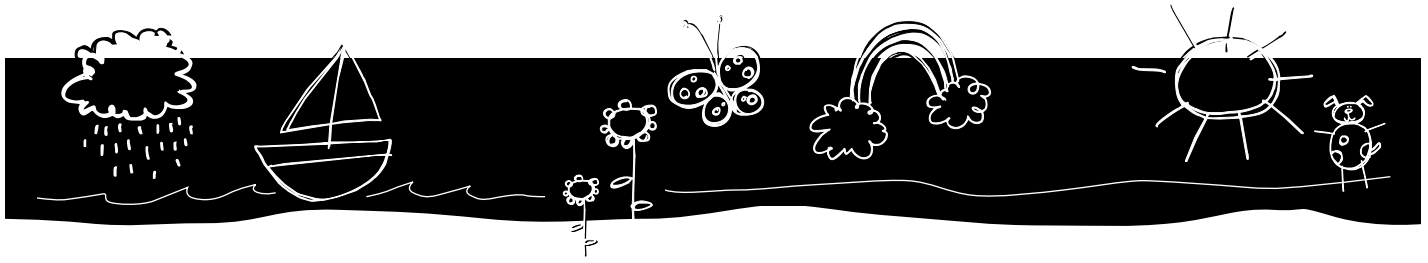
Occupation: \_\_\_\_\_

Name of Business: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

Admission shall be nondiscriminatory in regard to race, color, religion, national origin, ancestry, physical, or sex in accordance with K.S.A. 44-1009.



**Infants (to 12 months):**

**\$265 per week**

Parent(s) will be expected to supply diapers, wipes, formula and blanket as well as extra clothing for necessary changes.

**Toddlers**

*(12 to 36 months and not yet potty trained:)*

**\$225 per week**

Parent(s) will be expected to supply diapers, wipes, formula and blanket as well as extra clothing and other essentials for necessary changes.

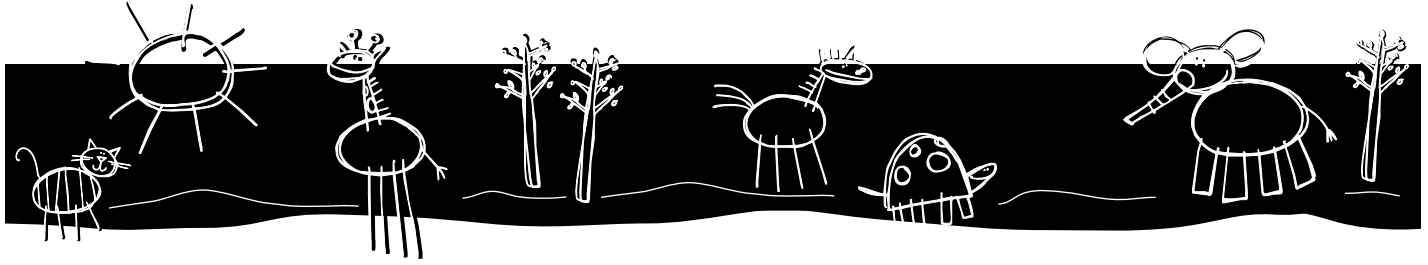
**Preschool**

*(3 years and potty-trained to 5 years)*

**\$205 per week**

**Daycare Hours:**

**7 am to 5:30 pm**



**Tuition: Enrollment Fee: \$50, due at enrollment**

**Admission Application Fee: \$25 (non-refundable) due with application**

**WatchMeGrow Camera Access: \$60 one-time fee**

***By signing this application, I am verifying that I am the student's custodial parent or legal guardian.***

Signature: \_\_\_\_\_  
Parent or Guardian

**Please attach fee and return to:**

Admission Office  
Envision Child Development Center  
610 N. Main St.  
Wichita, KS 67203  
Phone: (316) 440-1630

***If you have any questions, please call:***

Teresa Houston, Director Envision Child Development Center  
(316) 440-1630