



WILD LILAC
Child Development
Community

Application for Enrollment

3829 SE 74th Ave
Portland, OR 97206
503-236-3240

www.wildlilac.org

Main email: wildlilac@wildlilac.org

Enrollment email: enrollment@wildlilac.org

Name of child _____ Date of birth _____

Race: _____ (This information is needed to comply with governmental reporting requirements and grant requirements, your responses will be kept confidential. **Please note:** Wild Lilac CDC admits students of any race, color and national or ethnic origin).

Name of Parent/Guardian _____

Address _____

Phone number _____

Occupation _____

Work number _____

Email _____

Name of Parent/Guardian _____

Address _____

Phone number _____

Occupation _____

Work number _____

Email _____

Please circle the days you would like your child to come to school:

Mornings (8:30am-12:30pm – 2 year olds, 8:30-1pm – 3 to 5 year olds)

Monday Tuesday Wednesday Thursday Friday

Full Days (7:30am-5:30pm)

Monday Tuesday Wednesday Thursday Friday

When would you like your child to begin?

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____