



Marian Wright Edelman Center

Spelman College

350 Spelman Lane, Campus Box 89

Atlanta, GA 30314-4399

404-270-5981

FAX 404-270-5984

<http://www.spelman.edu/mwec>

Must Be 2 ½ and Toilet Trained

ENROLLMENT FORM

Child's Name _____ Sex: _____ Age: _____ DOB: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip Code: _____

Mother's Name: _____ Address: _____

Telephone Number: _____ Email: _____

Place of Employment: _____ Address: _____

Telephone Number: _____ Email: _____

Father's Name: _____ Address: _____

Telephone Number: _____

Place of Employment: _____ Address: _____

Telephone Number: _____

Child's age on September 1st of the expected entry year _____

Date of Expected Entrance: _____

Month and Year

I understand that being on the Waiting List for Admittance does not guarantee that a space will be available for my child when the date of expected entrance arrives.

Office Use Only:

Date: _____ **Time:** _____

Signed: _____

Parent or Guardian