



11123 South Towne Square, Ste. F, St. Louis, MO 63123

www.LESAstl.org

Laura Montgomery, Director, Educational Resources

314-200-0798

Early Childhood Center Partner Enrollment

Early Childhood Center Name: _____

Full Address: _____

Phone: _____

Website: _____

Director: _____ Email: _____

Church Affiliation: _____

Enrollment Information:

Year-round program School-year program Other: _____

Number of children:

Infant 6 wks.– 1 yr: _____ 1-2 y.o. : _____ 2-3 y.o.: _____ 3-4 y.o.: _____ 4-5 y.o.: _____

Other: _____ Please specify ages: _____

Total Enrollment: _____

Fee: \$50 A confirmation email will be sent following receipt of payment with instructions on receiving access to benefits.

Please send check payable to LESA (address at top of page) or complete below for credit card payment. A 3% fee (\$1.50) will be added to credit card payments.

Card Type: Visa Mastercard Discover

Card Number: _____ Exp. Date: ____/____ CCV: _____

Card Holder Name: _____

Billing Address (if different than above) _____

Signature: _____ Date: _____