Parent/Guardian Name:				
Address:				
City:			State:	Zip Code:
Phone:			Email:	
Child Name	Data of Divith	٨٥٥	Envalue ent Data	
Child Name	Date of Birth	Age	Enrollment Date	
Do you have siblings alread	dy enrolled? (plea	se circ	le) YES	S NO
Preferred Start Date:			Tr	
Maternity Leave From:			_ 10:	
Please note: You will not l	ne placed on the w	zaitino	list unless vour acco	unt is in good standing
	•		•	
				ble and you will have 48 hours to enroll particular slot in a program DOES NOT
jeopardize your position or				s, you will be contacted again unless you
request otherwise.				
_			_	pre-registration office approval. You
application will automatica already enrolled will a prio	•	in age	groups as your child	increases in age. Families with siblings
aneady emoned win a prior	iity.			
			•	ne removed from our list. This courtesy
will help someone else lecc	erve the care they	need so	boller. We surve to	have an accurate waiting list.
D				
Parent/Guardian Signature	·			
Print Name:				Date:
CCCDC Director/Admin. S	Signature:			
Date Received:				e Received::AM PM
Office Approval Date:			Dro	ream•