

APPLICATION FOR ENROLLMENT

CHILDREN'S COMMUNITY DEVELOPMENT CENTER

If you are applying for more than one child, only one application is required.

APPLICANT INFORMATION

Child's Name _____ Date of Birth _____ Gender _____

Child's Name _____ Date of Birth _____ Gender _____

Child's Name _____ Date of Birth _____ Gender _____

Family Address _____

Telephone _____ Email address _____
(used only for correspondence with CCDC)

Are you interested in applying for Financial Aid? Yes No

Parent/Guardian Name _____ Occupation _____

Employer _____

Employer Address _____

Work Phone _____ Typical Work Schedule _____

Parent/Guardian Name _____ Occupation _____

Employer _____

Employer Address _____

Work Phone _____ Typical Work Schedule _____

SCHEDULE

Preferred starting date _____ Preferred schedule (check one) Full Time Part Time

Part time schedules (three days minimum) are available on a limited basis in the Older Toddler, Preschool 3's and Preschool 4's Programs.

For part time requests, please indicate and your preferred schedule. Days for part time schedules are fixed as follows:

(a) Monday, Wednesday, Friday _____1st Choice _____2nd Choice _____3rd Choice

(b) Monday, Tuesday, Thursday _____1st Choice _____2nd Choice _____3rd Choice

(c) Tuesday, Wednesday, Thursday or Wednesday, Thursday, Friday _____1st Choice _____2nd Choice _____3rd Choice

If part time is not available, are you interested in full time enrollment? _____Yes _____No

CCDC is open from 7:15 am to 5:30pm. Families are required to arrive no later than 5:20 for departure at 5:30.

Estimated arrival time _____ Estimated departure time _____

INFORMATION ABOUT YOUR CHILD AND FAMILY

How would you describe your child(ren)?

What are your dreams for your child(ren)

What are you looking for in an early care and education program?

What do you expect your child(ren) to learn at CCDC?

In what ways do you feel that CCDC’s environment and philosophy will benefit your child and family?

Is there any additional information that might be helpful to know about your child(ren) and family? Please include any allergies, illnesses, medications or other relevant medical and developmental information.

FAMILY INVOLVEMENT

Families are invited to volunteer for the CCDC Board of Directors and Committees, participate in fundraisers, work on program improvement projects and contribute professional expertise. In what ways would your family contribute to CCDC?

REFERENCES

If you were referred to CCDC directly, please indicate by whom:

Name _____ Phone Number _____

Name _____ Phone Number _____

Signature of parent or guardian _____ Date _____

Decisions about enrollment are made without regard to race, ethnicity, religion, gender, family structure or disability.

There is a \$100 non-refundable fee (payable to “CCDC”) required at the time of application.
Application fees are directed to the *Suzanne Rubenstein Scholarship Fund*.