



Where Learning Begins

# Children's Community Development Center Application for Enrollment

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    \_\_\_ 1st Choice    \_\_\_ 2nd Choice    \_\_\_ 3rd Choice
- (d) 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 5:30 pm. Families are required to arrive no later than 5:20 for departure at 5:30.

Estimated arrival time \_\_\_\_\_ am    Estimated departure time \_\_\_\_\_ pm

### **Information About Your Child and Family**

How would you describe your child(ren)?

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What are your dreams for your child(ren)

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

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

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

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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. \_\_\_\_\_

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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?

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**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, disability or financial need.

**There is a \$100 non-refundable fee required at the time of application.**

**Application fees are directed to the *Suzanne Rubenstein Scholarship Fund*.**