



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 _____

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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)?

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. _____

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, 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*.