



Community Day Care & Preschool, Inc.

ENROLLMENT FORM 2010-2011

Child's name _____ Sex ____ Birth date (m/d/yr) _____
 Address _____ City _____ Zip code _____
 Parent's name _____ Phone: home _____ work _____
 Parent's name _____ Phone: home _____ work _____
 Contact e-mail(s): _____

New families, please attach the \$75 registration fee.

Please indicate the SCHEDULE you have selected:

PLEASE CHECK SELECTION	CIRCLE DAYS				
<input type="checkbox"/> FULL TIME	FULL DAYS, EVERY DAY				
<input type="checkbox"/> FULL DAYS (7:30-5:30)	MON	TUE	WED	THUR	FRI
<input type="checkbox"/> MORNINGS ONLY (7:30-12:15)	MON	TUE	WED	THUR	FRI
<input type="checkbox"/> MORNINGS W/LUNCH (7:30-1:30)	MON	TUE	WED	THUR	FRI
<input type="checkbox"/> AFTERNOON W/LUNCH (12:00-5:30)	MON	TUE	WED	THUR	FRI

INCOME INFORMATION (IF REQUESTING A REDUCED FEE CATEGORY)

_____ I prefer not to disclose my income. (No documentation is required.)

_____ I believe I may qualify for a reduced fee because of my income.

(To be considered for a reduced fee category if you are enrolled, you must file a scholarship application with CDC and provide certain financial information. Reduced-fee spaces are limited and are filled on a first-come, first-served basis.)

PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW:

I have read and will abide by Community Day Care's financial policies. I understand that this is a contract for services and that I am responsible for the tuition charged for the above schedule.

PRIVACY OF FINANCIAL INFORMATION: Financial information, such as billing status, scholarship status, and other information about my account with CDC, will **ONLY** be released to those who sign below. Others not named below must obtain information from a person signing this document.

Signature _____ Date _____

Signature _____ Date _____

Office use only: Reg fee _____ check# _____ date _____