

Preliminary Application for Enrollment

Name of Child: _____

Date of Birth (or Due Date): _____ Desired Date of Enrollment: _____

Mother's Name (Guardian #1) _____

Home Address: _____

Home # _____ Work # _____ Cell # _____

Email Address: _____

Father's Name (Guardian #2) _____

Home Address: _____

Home # _____ Work # _____ Cell # _____

Email Address: _____

Preferred Contact Email Address _____

Is either parent employed by the Commonwealth? (please circle) **Yes** **No**

If State Employee, TOTAL Household Income (estimate for use in sliding fee scale) _____

How did you hear about C.C.C.? _____

Please note: *Half-day slots are limited to Blossoms at age three years and are at the discretion of the center.*

There is an expectation for parent participation in one of the following areas: (circle interest)

Room Parent

Fundraising

Marketing

Board Member

The Commonwealth Children's Center welcomes families without regard to race, religion, national origin, cultural heritage, political beliefs, marital status, sexual orientation or disabilities.

Admission priority is given to full-time children, State Employees, and siblings.

**Please attach a \$50.00 non-refundable application fee,
cash or check payable to Commonwealth Children's Center**

Office Use Only

_____ Application Fee \$50 paid _____ Date Received

_____ State Employee _____ Sibling _____ Voucher

Classroom: Seedlings Sprouts Buds Blossoms

Program Admission Checklist – *Office Use*

- Classroom: _____

 - 4-Week Deposit Paid: \$ _____

 - Date tuition payment begins to hold slot: _____

 - Actual start date in classroom: _____

 - Classroom Orientation Meeting date: _____

 - Transition Calendar sent _____

 - Children’s File forms sent _____ received _____

 - Particular Parent interests/skills?? _____
-

Date

Notes
