

## **Preliminary Application for Enrollment**

**Name of Child:** \_\_\_\_\_

**Date of Birth (or Due Date):** \_\_\_\_\_ **Desired Date of Enrollment:** \_\_\_\_\_

**Parent Name (Guardian #1)** \_\_\_\_\_

Home Address: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address: \_\_\_\_\_

**Parent 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**

**State Department/Position** \_\_\_\_\_

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

How did you hear about C.C.C.? \_\_\_\_\_

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 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**

<b>Date</b>	<b>Notes</b>