

## **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** \_\_\_\_\_

Is annual family income below \$75K? (to qualify for reduced tuition rate) **Yes** **No**

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 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**

