

CHRIST CHURCH CHILDREN'S CENTER APPLICATION

FOR CENTER USE: Date of Admission _____
Age of Admission _____
Date Rec'd _____ # _____

Child's Name _____ Nickname _____ Sex _____
Date of Birth _____ Place of Birth _____
Street Address _____
Town, State, Zip _____
Parent/Guardian _____ Parent/Guardian _____
Relationship to Child _____ Relationship to Child _____
Address _____ Address _____
Home Telephone _____ Home Telephone _____
Occupation _____ Occupation _____
Professional expertise _____ Professional expertise _____
Name of Business _____ Name of Business _____
Address _____ Address _____
Business Telephone _____ Business Telephone _____
Cell Phone: _____ Cell Phone: _____
Hours at Work _____ Hours at Work _____

HOME E-MAIL ADDRESS: _____

Others in the Household:

Name	Date of Birth	Sex	Relationship to Child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If Parents Cannot be Contacted, Notify:

Name _____	Relationship _____
Address _____	Telephone _____
Name _____	Relationship _____
Address _____	Telephone _____

Child's Physician/Clinic _____ Telephone _____

Identifying Information (required by EEC)

Eye Color _____ Hair Color _____ Primary Language _____

Height _____ Weight _____ Race _____

Identifying Marks _____

What is your child's general physical condition? _____

Speech difficulties? _____

Toilet Trained (need reminding?) _____

Has your child been enrolled in any other child care, preschool or early intervention program? _____ If so, which program and for how long? _____

Are there any concerns or special needs to be aware of in placing your child in the classroom? _____

Is there anything concerning your child's physical condition or development we should know (e.g. allergies, tires easily, restricted activity, medicines taken, etc.)? _____

Special family situation of which we need to be aware (divorced, separated?) _____

Special interests or hobbies of family _____

Siblings who have attended CCCC _____

Please check here if you are a pledging member of Christ Church. _____

Will you be applying for financial assistance? Yes _____ No _____

* * *

What do you expect your child to learn in our program? _____

* * *

PRESCHOOL

Please indicate **first** and **second** program choice:

Four Year Olds (4 years old by 8/31/08)

Tuesday through Friday _____ AM
Tuesday/Wednesday/Thursday _____ PM (afternoon)

Three Year Olds (3 years old by 8/31/08)

Monday/Wednesday/Friday _____ AM
Tuesday & Thursday _____ AM

Playgroup (Birthdate between (9/1/05 – 12/31/05)

Tuesday & Thursday _____ AM
Wednesday & Friday _____ AM

ALL CHILDREN ARE ENCOURAGED TO BE TOILET TRAINED BEFORE ENTERING THE PROGRAM.
THE CCCC RESERVES THE RIGHT TO CANCEL OR CHANGE ANY PROGRAM DUE TO LACK OF ENROLLMENT.

Signature _____

Date of Application _____

Please return this form with a non-refundable application fee of \$45.00 to:

CHRIST CHURCH CHILDREN'S CENTER
25 Central Street
Andover, Mass. 01810

* * *

TO BE COMPLETED BY CCCC: Date application received _____

Check Number _____

Amount \$ _____

Date of Advanced Deposit _____

Check Number _____

Amount \$ _____