



Child Development Center

Cover Page

Enrollment Date _____

	Last Name	First Name	MI	Date of Birth (mm/dd/yyyy)
Child #1				
Child #2				
Mother				
Father				

Physical Address	City and State	Zip code
Mailing Address	City and State	Zip code
Home Phone # Mother	Work Phone # Mother	Cell Phone # Mother
Home Phone # Father	Work Phone # Father	Cell Phone # Father

Email Mother _____

Email Father _____

Weekly schedule (FALL)

Hours	
	Monday
	Tuesday
	Wednesday
	Thursday
	Friday

Weekly schedule (Spring)

Hours	
	Monday
	Tuesday
	Wednesday
	Thursday
	Friday

Parent/Guardian Signature

Date