

**CHC Child Development Center/Laboratory School
Preschool/Child Care Application
2015-2016 School Year**

Office Use Only

Please list each child requesting enrollment

Child's Name (First, MI, Last)	M/F	DOB	Age
_____	_____	_____	_____
_____	_____	_____	_____

A. Parent/Guardian _____ **Phone (h):** _____

Home Address _____ **Phone (c):** _____

City/State/Zip _____

B. Parent/Guardian _____ **Phone (h):** _____

Home Address _____ **Phone (c):** _____

City/State/Zip _____

Please indicate below which services you are applying for.

Child must be 3 years old by September 1, 2015

- Part Day Preschool (4 Hours or less)
- Full Day Services (4 + Hours)

Please state the days/hours that you are requesting, ex. M-F, M-W-F, T-TH, etc.

For full-day requests, please also include approximate times needed.

Center hours: 7:00 am - 4:30 pm Preschool Hours: 8am - 12 noon

→ **Days:** _____ **Hours:** _____

Signature: _____ **Date:** _____

**Optional information:*

Referred by: _____

Learned about Center through: _____

For data information only, does not affect eligibility or admission priority:

Are you currently a Crafton Hills College Student? Y N

CHC CDC does not discriminate on the basis of sex, sexual orientation, gender or ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability, in determining which children are served.