CHC Child Development Center/Laboratory School Preschool/Child Care Application 2012-2013 School Year

Office Use Only

Please list each child being enrolled Child's Name (First, MI, Last)		M/F	DOB	Age
A. Parent/Gua	rdian		Phone (h):	
Home Address			Phone (c):	
City/State/Zip				
B. Parent/Gua	rdian		Phone (h):	
Home Address			Phone (c):	
City/State/Zip				
	Please indicate below whic Child must turn 3 yea Parent Fee Preschool Program Part Day Preschool (4 Hours Full Day Services (4 + Hours)	or less)		
	State Preschool Program (Eligib AM Session (8 am- 11 am) PM Session (12:30 -3:30 pm)	ility Criteria must be	e met)	
	State Preschool + Parent Fee (n	eeding additional ho	ours)	
	State Preschool Applicants Only	Must Complete the	Following:	Office Use Only AP #
Gross Monthly Income (before taxes) \$ Must include all adults counted in family size.		Family Size		
	ent Fee Program, please state the s/afternoons, MWF, T/TH,M-F, et			
Signature			Date	