Child Development Center/La	boratory School	Office Use Only
RAFTON HILLS Preschool/Full Day 2025-2026 School	••	
COLLEGE August 6, 2025-June 5, 2 Licensing Facility # 36		
Please list each child requesting enrollment Child's Name (First, MI, Last)	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 y Child must be 3 years old by Decem		
O Part-Day Early Education Program - 8ar	m-12 noon	
O Full-Day Services-Care outside of Early E	d Program	
Please state the days/hours that you are request	ing, ex. M-F, M-W-F, or	r T-TH
For full-day requests, please also include ap Center hours: 7:00 am - 4:30 pm Early Education		
Days: Hours:		
Signature:	Date:	
email address:		
*Optional information:		
Referred by:		
Learned about Center through:		
For data information only, does not affect eligibility or admission pr	iority:	
Are you currently a Crafton Hills College Student?	Y N	
HC CDC does not discriminate on the basis of sex, sexual orientation, gen ncestry, national origin, religion, color, or mental or physical disability, ir his institution is an equal opportunity provider.		