OFFICE USE ONLY
Date Received: _____/_____/_____
Application Fee Received? _____
☐ *Cash*
Check #: _____

CRESCENT PARK CHILD DEVELOPMENT CENTER

Engaging the *Hearts* and *Minds* of Young Children

ENROLLMENT APPLICATION

DESIRED SCHEDULE

IDEAL START DATE: _____

Full Day hours are 8:00 - 6:00 PM. Part Day hours are 9:00 AM - 1:00 PM.

Rank schedule options #1 - #3:

_____5 FULL DAYS _____3 FULL DAYS _____2 FULL DAYS

_____5 PART DAYS _____3 PART DAYS _____2 PART DAYS

Child's Name **Gender** **Birth Date**

First: _____ MI: _____ Last: _____ ☐ Female ☐ Male _____ MM/DD/YY

When and where has your child had group play experience(s)? For how long? What was the experience like?

_____

Does your child currently attend any other preschools? If so, which one(s) and what is their schedule?

_____

Is there anything special we should know about your child? Health or developmental concerns? Allergies, fears, etc?

_____

Reasons for requesting placement at Crescent Park: _____

_____

continue on back if necessary →

Toilet Training Status: ☐ Not toilet trained at this time ☐ Almost toilet trained (needs reminders/help) ☐ Completely toilet trained (all day including nap/rest time)

Contact Information

Home Address: _____

City: _____ State: _____ ZIP: _____ Home Phone: _____

Parent(s)/Guardian(s)

Name: _____ Age: _____ Name: _____ Age: _____

Relationship to Child: _____ Relationship to Child: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Other

Other Children Name: _____ Age: _____ Name: _____ Age: _____

Please include a **$50.00 non-refundable Application Fee**. Checks may be made payable to Crescent Park Preschool.

_____ _____

Parent Signature Date