

CHRIST CHURCH CHILDREN'S CENTER APPLICATION

FOR CENTER USE: Date of Admission _____
Age of Admission _____
Date Rec'd _____ # _____

Child's Name _____ Nickname _____ Sex _____
Date of Birth _____ Place of Birth _____
Street Address _____
Town, State, Zip _____
Parent/Guardian _____ Parent/Guardian _____
Relationship to Child _____ Relationship to Child _____
Address _____ Address _____
Home Telephone _____ Home Telephone _____
Occupation _____ Occupation _____
Professional expertise _____ Professional expertise _____
Name of Business _____ Name of Business _____
Address _____ Address _____
Business Telephone _____ Business Telephone _____
Cell Phone: _____ Cell Phone: _____
Hours at Work _____ Hours at Work _____

HOME E-MAIL ADDRESS: _____

Others in the Household:

Name	Date of Birth	Sex	Relationship to Child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If Parents Cannot be Contacted, Notify:

Name _____	Relationship _____
Address _____	Telephone _____
Name _____	Relationship _____
Address _____	Telephone _____

Child's Physician/Clinic _____ Telephone _____

Identifying Information (required by EEC)

Eye Color _____ Hair Color _____ Primary Language _____

Height _____ Weight _____ Race _____

Identifying Marks _____

What is your child's general physical condition? _____

Speech difficulties? _____

Toilet Trained (need reminding?) _____

Has your child been enrolled in any other child care, preschool or early intervention program? _____ If so, which program and for how long? _____

Are there any concerns or special needs to be aware of in placing your child in the classroom? _____

Is there anything concerning your child's physical condition or development we should know (e.g. allergies, chronic medical condition, tires easily, restricted activity, medicines taken, etc.) _____

Special family situation of which we need to be aware (divorced, separated?) _____

OVER

Special interests or hobbies of family _____

Siblings who have attended CCCC _____

Please check here if you are a pledging member of Christ Church. ____

Will you be applying for financial assistance? Yes _____ No _____

* * *

What do you expect your child to learn in our program? _____

* * *

PRESCHOOL

Please indicate **first** and **second** program choice:

Four Year Olds (4 years old by 8/31/09)

Tuesday through Friday

_____AM

Tuesday/Wednesday/Thursday

_____PM (afternoon)

Three Year Olds (3 years old by 8/31/09)

Monday/Wednesday/Friday

_____AM

Tuesday & Thursday

_____AM

Playgroup (Birthdate between (9/1/06 – 12/31/06)

Tuesday & Thursday

_____AM

Wednesday & Friday

_____AM

ALL CHILDREN ARE ENCOURAGED TO BE TOILET TRAINED BEFORE ENTERING THE PROGRAM.
THE CCCC RESERVES THE RIGHT TO CANCEL OR CHANGE ANY PROGRAM DUE TO LACK OF
ENROLLMENT.

Signature _____

Date of Application _____

Please return this form with a non-refundable application fee of \$45.00 to:

CHRIST CHURCH CHILDREN'S CENTER

25 Central Street

Andover, Mass. 01810

* * *

TO BE COMPLETED BY CCCC: Date application received _____
Check Number _____
Amount \$ _____

Date of Advanced Deposit _____
Check Number _____
Amount \$ _____