



Office Use Only

_____ Sibling
_____ Church Member

**First Presbyterian Church
Child Development Center**

Enrollment Application

Application Date: _____

Start Date Requested: _____

Child Information

Child's Name: _____

Date of Birth ____/____/____ **OR** Due Date: ____/____/____

Parent Information

Parent/Guardian Name: _____ Relationship to child: _____

Home Address: _____ Cell Phone: _____
Alternate Phone: _____

Email Address _____

Parent/Guardian Name: _____ Relationship to child: _____

Home Address: _____ Cell Phone: _____
Alternate Phone: _____

Email Address _____

Policies

- The waiting pool application fee is \$75 per child. This is a processing fee and is nonrefundable.
- The application is only good for one year. If you wish to stay on the list for an additional year, a new application must be completed.
- Upon accepting a space, the CDC requires \$50 registration fee, one-month tuition, and a completed registration packet provided to you by the office staff.
- First Presbyterian Church Child Development Center does not discriminate on the basis of race, color, or national/ethnic origin in the administration of its educational policies, admission policies, scholarship programs, employment policies, personnel policies, and other school administered programs.

Parent/Guardian Signature _____ Date: ____/____/____

Required Additional Information

Does your child have a sibling in this program? Yes No
Are you/spouse a member of the First Presbyterian Church? Yes No
If so, when did you join? _____
Do you intend to apply for medical and/or religious exemption to immunizations? Yes No
If yes, an explanation/statement of exemption must accompany this form.

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Date Received: _____ Staff Recipient: _____ Cash Check # _____ Amount: _____

Notes

Date: _____ Update: _____
Date: _____ Update: _____
Date: _____ Update: _____
Date: _____ Update: _____
Date: _____ Update: _____