



Enrollment Request Form

Please do complete one form per child to be considered for enrollment.

Full Name of Child: _____

Birth Date (ie 5/8/16): _____ Current Age (ie 2y,3mo or 27mos): _____

Circle One: GIRL / BOY

I would prefer my child to enroll in a program consisting of (check your preferences):

5 ___ 3 ___ 2 ___ FULL DAYS PER WEEK OR 5 ___ 3 ___ 2 ___ HALF DAYS PER WEEK

Name of Parent(s) & Contact Information (Email & Cell Phone):

I would like my child to be considered for enrollment this (check your preferences):

Summer Only (Jun/Jul/Aug Only) _____ My child will be _____ old in June.

Grand Opening Start Date (June tbd) _____ My child will be _____ old in June.

School Year 2018 Start Date (Aug 14) _____ My child will be _____ old in August.

School Year Only (Aug 2018 - May 2019) _____ My child will be _____ old in August.

OR

State Your Preference of a Date/Month/Season After August 14, 2018: _____

My child will be _____ old at my preferred start time stated above.

**Thank you for considering The Crescent Childcare Center!
We will be in touch very soon.**

