Claire's Christian Day School

(Office use only) ADMISSION DATE_____

Parent's Day Out Enrollment Form 2018 - 2019 School Year

Name of Child: _____ _____ _____
First Middle Last

Birthdate (mm/dd/yyyy) _____ Boy: __ Girl: __ Age (in months) as of September 1st, 2018: ____

Parents: _____ If someone referred you to CCDS, please list below:
Father

_____ _____
Mother

Address: _____

City: _____ Zip: _____

Preferred phone#: _____ Email (primary): _____
Email (secondary): _____

Father's Occupation: _____ Phone: _____
Cell: _____

Mother's Occupation: _____ Phone: _____
Cell: _____

Siblings: _____ ____ , _____ ____ , _____ ____ , _____ ____
Name Age Name Age Name Age Name Age

Does your child have any special problems or allergies?_____
_____

Previous School Experience: _____
Local Church Affiliation: _____

Doctor Information

Name: _____ Phone: _____
Address:_____

I understand that payment of the registration fee and first month's tuition are required to hold my child's space, and once paid are non-refundable.

I understand that I may add days to my child's schedule at anytime throughout the school year if space is available to do so, but that I must give one month's notice if reducing days or dis-enrolling from the program.

Parent's Signature_____ Date_____

******PLEASE FILL OUT **ALL FIELDS****