How did you hear about CDP?

CHILD'S INFORMATION Baby's Name\_\_\_\_\_\_ Date of Application\_\_\_\_\_ Date of Birth\_\_\_\_\_ Gender\_\_\_\_ Class Enrollment\_\_\_\_ Enrollment Date\_\_\_\_ Baby's Address\_\_\_\_\_ **SCHEDULE** Please check all that apply. If only doing Lunch Bunch or Early Birds on certain days, please indicate which days. \_\_\_\_\_ 2 Day \_\_\_\_\_ 3 Day \_\_\_\_\_ 4 Day \_\_\_\_\_ 5 Day Days per Week \_\_\_\_ Full Day **Program** \_\_\_\_\_ Half Day \_\_\_\_\_ All Day 9am-12pm 9am-3pm 7 am-5:30pm PARENT or GUARDIAN INFORMATION Parent/Guardian 1 **Parent or Guardian** Parent/Guardian 2 Name Address (if different from child's) **Email Address Cell Phone Business Phone Home Phone** Occupation **Stepparent's Names** ADDITIONAL INFORMATION Siblings who have attended CDP