

Toddler 1 and Toddler 2 Program

Enrollment Application Form

CHILD'S INFORMATION

Child's Name _____ Date of Application _____

Date of Birth _____ Gender _____ Class Enrollment _____ Enrollment Date _____

Child's Address _____

SCHEDULE

Please check all that apply. If only doing Lunch Bunch or Early Birds on certain days, please indicate which days.

Days per Week _____ 2 Day _____ 3 Day _____ 4 Day _____ 5 Day

Program	_____ Half Day 9am-12pm	_____ Full Day 9am-3pm	_____ All Day 9am-5pm
	_____ Early Care 7:45am-9am	_____ Lunch Bunch 3pm-5pm	_____ Extended Day 5pm-5:30pm

PARENT or GUARDIAN INFORMATION

Parent or Guardian

Parent/Guardian 1

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 _____

How did you hear about CDP? _____