

CHILD ENROLLMENT FORM

Child's Name _____ Birth Date _____
First/Middle/Last

Mother's Name _____ Alumna? _____

Address _____ City _____ Zip _____

Daytime Telephone _____ Evening Telephone _____

Father's Name _____ Alumnus? _____

Address _____ City _____ Zip _____

Daytime Telephone _____ Evening Telephone _____

Family Email Address _____

Will be used for billing purposes

Hours your child will be attending the Children's Center M _____ T _____

W _____ TH _____ F _____

Siblings & Ages _____

Do These Children Live in Your Home? _____

Favorite Foods _____ Favorite Things _____

Fears/Dislikes _____ Pets _____

Toilet Trained? _____

Significant adults in your child's life _____

Who has cared for your child in the past? _____

Were you happy with this care? Yes _____ No _____

Why or why not _____

How does your child like to spend their time and with whom? _____

Does your child nap at home and what is their routine? _____

Is your child toilet trained? _____ When did they train? _____

Mother's Place of Employment _____

Father's Place of Employment _____

PLEASE CHECK THE CATEGORY THAT APPLIES TO YOUR FAMILY BELOW:

2.5/3-YEAR-OLD CHILDCARE ONLY

X _____ I understand that by signing this form I have agreed to pay the non-refundable deposit of \$100.00 per child per year for Child Care at St. Norbert College Children's Center. I also understand that my child is not guaranteed a space until this paperwork, along with payment, is received by the Center.

Parent Signature _____ Check Number _____

4K OR 4K with CHILDCARE

X _____ I understand that by signing this form I have agreed to pay the non-refundable deposit of \$250.00 per child for Preschool at St. Norbert College Children's Center. The \$200.00 deposit will be credited at the end of the academic school year. Failure to complete the academic school year (Sept-May) will result in the forfeiture of this \$200.00 deposit. I also understand that my child is not guaranteed a space until this paperwork, along with payment, is received by the Center.

Parent Signature _____ Check Number _____