

Application for Admission

Please complete one application for the family. This center form is separate from required DC/OSSE enrollment documents.

FAMILY CONTACT INFORMATION

Family name	Primary telephone number
Home address (street)	
City	State / ZIP code

PARENT / GUARDIAN 1

Full name	Relationship to child(ren)
Mobile telephone	Email address
Employer	Work hours / schedule
Employer telephone	Employer address

PARENT / GUARDIAN 2

Full name	Relationship to child(ren)
Mobile telephone	Email address
Employer	Work hours / schedule
Employer telephone	Employer address

Children & Emergency Information

Complete only the child rows needed and provide one emergency contact other than a parent or guardian.

CHILD(REN) REQUESTING PLACEMENT

Complete only the rows needed

Child 1 - full legal name	Nickname / preferred name
Date of birth (MM/DD/YYYY)	Requested start date
Child 2 - full legal name	Nickname / preferred name
Date of birth (MM/DD/YYYY)	Requested start date
Child 3 - full legal name	Nickname / preferred name
Date of birth (MM/DD/YYYY)	Requested start date

EMERGENCY CONTACT

List someone other than the parent / guardian

Full name	Relationship to child(ren)
Primary telephone	Alternate telephone
Address (street, city, state, ZIP)	

CHILD'S PHYSICIAN

Physician / practice name	Telephone number

Safety, Scheduling & Family Acknowledgment

Placement is based on classroom availability and completion of all required enrollment documents.

PERSONS AUTHORIZED TO PICK UP

Photo identification is required

Authorized person 1 - full name

Telephone number

Relationship to child(ren)

Notes (optional)

Authorized person 2 - full name

Telephone number

Relationship to child(ren)

Notes (optional)

Authorized person 3 - full name

Telephone number

Relationship to child(ren)

Notes (optional)

ANTICIPATED SCHEDULE

Typical arrival time

Typical departure time

Days care is requested

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☐ Friday

APPLICATION ACKNOWLEDGMENT

I understand that submitting this application does not guarantee placement. Enrollment is confirmed only after the center approves placement and receives all required center, health, and DC/OSSE documents.

I understand that the registration fee is \$50.00 and is non-refundable. I certify that the information provided in this application is accurate and will notify the center if it changes.

Parent / guardian typed name

Date

Parent / guardian signature

Date

For center use only - classroom, availability, fee, and follow-up notes