

2011-2012  
I. T. PS

CONCORD CHILDREN'S CENTER  
SEPTEMBER 2011 - JUNE 2012 ENROLLMENT  
APPLICATION FOR INFANT, TODDLER AND PRESCHOOL

Accepted \_\_\_\_\_  
Date \_\_\_\_\_  
Start Date \_\_\_\_\_  
Class \_\_\_\_\_  
Office use only

- \_\_\_\_\_ New Application \$50.00
- \_\_\_\_\_ Continuing Application \$25.00
- \_\_\_\_\_ Emerson Program: Infant, Toddler, Two  
978-369-0492 Jennine Lesser, Program Director
- \_\_\_\_\_ Ripley Program Infant, Toddler, Preschool and Afterschool  
978-369-5983 Penni Hensley Wagner, Program Director
- \_\_\_\_\_ West Concord Program Preschool and Afterschool  
978-369-6790 Anne Doherty, Program Director

\*\*\*\*\*

**Child's name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Child's age as of 9/1/11: Years** \_\_\_\_ **Months** \_\_\_\_

**Parent/Guardian #1:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **H. Phone:** \_\_\_\_\_

**Occupation & Employer:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_ **W. Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **C. Phone:** \_\_\_\_\_

**Parent/Guardian #2:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **H. Phone:** \_\_\_\_\_

**Occupation & Employer:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_ **W. Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **C. Phone:** \_\_\_\_\_

**Others in Household and their relationship:** \_\_\_\_\_

Do you need written information translated into another language? \_\_\_\_\_

If so, which language? \_\_\_\_\_

**Physician/clinic:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**If parents or guardians cannot be reached, notify:**

**Name & relationship:** \_\_\_\_\_

**Daytime phone/address:** \_\_\_\_\_

**Identifying Information (EEC Regulation):**

Eye Color: \_\_\_\_\_ Hair color: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Identifying marks: \_\_\_\_\_

Previous care/group experience: \_\_\_\_\_

Words you would use to describe your child: \_\_\_\_\_

Any other information we should know: \_\_\_\_\_

Elementary School used: \_\_\_\_\_ Grade \_\_\_\_\_

Are you a current CCC family? \_\_\_\_\_ Alumni family? \_\_\_\_\_

Have you applied to CCC before and if so when? \_\_\_\_\_

Are you currently applying for more than one child and if so at what site? \_\_\_\_\_

Are you interested in attending our Summer Program? \_\_\_\_\_

**Morning hours are 8:30-12:30.** There is a minimum enrollment of 3 mornings for all classes. There is a special enrollment policy for 4 year olds (the year prior to entering Kindergarten) of a four morning minimum.

**Arrival times are:** 7:00 AM\* 7:30 8:00 8:30

**Pick-up times are:** 12:30 PM 1:00 3:00 4:00 5:00 5:30 6:00\*

*\*Depending on # of requests*

CCC has tuition assistance available; please call Pat Nelson @ 978-369-3747 for details.

**Weekly schedule:**

Requested hours:

Accepted hours (Office use only):

Monday: \_\_\_\_\_

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Friday: \_\_\_\_\_

Is there any flexibility in your schedule? If so, what:

\*\*\*\*\*

Office use:

Application fee rec'd:

\_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_

Enrollment fee rec'd:

\_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_