

2010-2011

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CONCORD CHILDREN'S CENTER
SEPTEMBER 2010 - JUNE 2011 ENROLLMENT
APPLICATION FOR AFTER-SCHOOL PROGRAM [K-2nd Grade]

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

\_\_\_\_ New Application \$50.00 \_\_\_\_ Continuing Application \$25.00

\_\_\_\_ Ripley Program \_\_\_\_ West Concord Program

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

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

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

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

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

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: \_\_\_\_\_ Any other information: \_\_\_\_\_

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

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

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

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

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### After Kindergarten

We do not require a minimum number of days. We encourage families to enroll their child for more than one day to assure children are participating in our program at a level that provides the opportunity for each class to develop its own sense of community.

**Monday, Wednesday, and Friday** arrival is 3:30pm with pickup options of 5, 5:30 and 6\*.

**Tuesday and Thursday** arrival is 12:30pm with pickup options of 4, 5, 5:30 and 6\*

Pick up time requested:

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
_____	_____	_____	_____	_____

*\*Depending on # of requests*

### 1<sup>st</sup> & 2<sup>nd</sup> Grade

We do not require a minimum number of days. We encourage families to enroll their child for more than one day to assure children are participating in our program at a level that provides the opportunity for each class to develop its own sense of community.

**Monday, Wednesday, Thursday and Friday** arrival is 3:30pm with pickup options of 5, 5:30 and 6\*.

**Tuesday :** When CPS is a half day arrival is 12:30pm with pickup options of 4, 5, 5:30 and 6\*.

When CPS is a full day arrival is 3:30 with pickup options of 5, 5:30 and 6  
Or child doesn't attend on CPS full day Tuesdays

Pick up time requested: *\*Depending on # of requests*

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
_____	_____	_____	_____	_____

Will your child attend CCC on Tuesdays when CPS has a full day? \_\_\_\_\_

*\*Depending on # of requests*

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

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Office use:

Application fee rec'd: \_\_\_\_\_  
Date Amount Check #

Enrollment fee rec'd: \_\_\_\_\_  
Date Amount Check #

Please return to: Concord Children's Center 1300 Main Street Concord MA 01742 Attn. Enrollment

*Accepted hours:*

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_