



Southwestern College Child Development Center  
Wait List / Enrollment Application

For office use only	Initials
Date Received: _____	_____
Tour Date: _____	_____
One-Hour Visit: _____	_____
Immunization Record: _____	_____
Date Paid: _____	_____
Classroom: _____	_____

Child's information:

Child's Start Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent or Legal Guardian /information

Mother's Name: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Address and Occupation: \_\_\_\_\_ Normal Working Hours: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Normal Working Hours: \_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Normal Working Hours: \_\_\_\_\_

Enrollment Information

Our center hours are 7:00 a.m. to 6:00 p.m. Monday-Thursday and Friday from 7:00 a.m. to 5:30 p.m. The hours for the morning program are 7:00 a.m. to 12:00 p.m. {the morning program is being offered to children ages 3-5.}

Full Day Program (please circle days needed) M T W TH F

Half Day Program (please circle days needed) M T W TH F

2 Yr. Old Program (please circle days needed) M T W TH

Please circle one of the following:

Student

Staff/ Employee

Community

How did you hear about our center? \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p>Your child's spot will be held one month after confirmation of enrollment. If your child does not start on the confirmation date you may choose: To wait for the next available spot or begin to pay the monthly tuition.</p>
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