

# Crescent Park Child Development Center Enrollment/Wait List Form

E-Mail \_\_\_\_\_

Today's Date \_\_\_\_\_

Desired Start Date \_\_\_\_\_

Child's Name(s) \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

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

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Has your child ever been in preschool, playgroup, or day care setting? How long? What was the experience like?

Is there anything special we should know about your child? Health or developmental issues? Allergies, fears, parental concerns?

Please check the space that best describes your child related to toilet training:

\_\_\_\_\_ Completely toilet trained (all day, including nap/rest time)

\_\_\_\_\_ Almost toilet trained (needs reminders/help)

\_\_\_\_\_ Not toilet trained at this time

I am interested in the following program: (Circle appropriate choice and list by 1<sup>st</sup> and 2<sup>nd</sup> preference)

Full Day Program is from 8 AM – 6 PM Part-Day AM Program is from 9 AM - 1 PM

\_\_\_\_\_ 5 Full Part days per week (M-F)

\_\_\_\_\_ 4 Full Part days per week (list days desired) \_\_\_\_\_

\_\_\_\_\_ 3 Full Part days per week (list days desired) \_\_\_\_\_

\_\_\_\_\_ 2 Full Part days per week (list days desired) \_\_\_\_\_

Mail To: Crescent Park Child Development Center, 4161 Alma St., Palo Alto, CA 94306 along with a \$35.00 non-refundable application fee. Contact Stephanie Hill, Director with any questions.