

# Crescent Park Child Development Center Enrollment/Wait List Form

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

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

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

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

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  
Part-Day PM Program is from 1:45 PM – 5:00 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) \_\_\_\_\_

\_\_\_\_\_ I **am** interested in taking a PM space if the AM is not available

Mail To: Crescent Park Child Development Center, 888 Boyce Ave., Palo Alto, CA 94301 along with a \$35.00 non-refundable application fee. Contact Stephanie Hill, Director with any questions.