CRAFTON HILLS

Child Development Center/Laboratory School Preschool/Full Day Interest Form 2024-2025 School Year

Office Use Only

August 6, 2024-June 6, 2025 Licensing Facility # 364811521

Please list each child requesting enrollment Child's Name (First, MI, Last)	DOB	Age
A. Parent/Guardian	Phone (h):	
Home Address	Phone (c):	
City/State/Zip		
B. Parent/Guardian	Phone (h):	
Home Address	Phone (c):	
City/State/Zip		
Please indicate below which see Child must be 3 years old by		
O Part-Day Early Education Progra	m - 8am-12 noon	
O Full-Day Services-Care outside of	f Early Ed Program	
Please state the days/hours that you are	requesting, ex. M-F, M-W-F,	or T-TH
For full-day requests, please also incl Center hours: 7:00 am - 4:30 pm Early Ed	• •	
Days: Hou	urs:	
Signature:	Date:	
E-mail:	÷	
*Optional information:		
Referred by:		
Learned about Center through:		_
For data information only, does not affect eligibility or adn	nission priority:	
Are you currently a Crafton Hills College St	tudent? Y N	
IC CDC does not discriminate on the basis of sex, sexual orient		
cestry, national origin, religion, color, or mental or physical dis is institution is an equal opportunity provider.	sability, in determining which childre	n are served.