# Charlotte Public Schools Child Care Program Application for Enrollment

Today's date _____ Approximate. start date _____

**Child's Name** _____ Birth Date _____

Home Address _____ apt. _____

City _____State _____ Zip _____ Home Phone _____

**Father / Guardian's name** _____

Place of employment / School _____

Business Address _____

City_____ State_____ Zip Code _____

Work phone _____ Cell phone _____

**Mother / Guardian's name** _____

Place of employment / School _____

Business Address _____

City_____ State _____ Zip Code _____

Work phone _____ cell phone _____

**Circle Age Group:**

| | |
|---|---|
| **Infant (6 weeks-18 months)** | **K-2nd Grade** |
| **Toddler (18 months-3 years)** | **3rd-4th Grade** |
| **Preschool (3 years-5 years)** | **5th-7th Grade** |

**Circle the days your child will attend and write in approx. drop off / pick up times.**

**Full Day Infant/Toddler/Preschool**

Monday Tuesday Wednesday Thursday Friday

Approx. time of parent / guardian drop off _____ pick up _____

**(K-8) school the child attends** _____

**Before School: Kindergarten - 12 years old**

Monday Tuesday Wednesday Thursday Friday

Approx. time of parent / guardian drop off _____ / bus to school from child care

**After School: Kindergarten - 12 years old**

Monday Tuesday Wednesday Thursday Friday

Bus to child care after school / approx. parent / guardian pick up time _____

**Reservations for attendance on full and half days off from school, as well as school vacation breaks are done the week prior.**

**How did you hear about our program?** _____