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? _____