



Child's Name:		• • • • • • •
Birthdate:		
Age as of September 2019:	Boy or Girl (circle one)	
Parent Name(s):		
Address:	City:Zi	p:
Primary Phone:	Secondary Phone:	
Primary Email:	Secondary Email:	
FEE: \$140 per child. This is a non-refundable fee that places the \$140 fee will be applied as your first Annual Registration for the Circle C Child Development Center	•	
☐ I understand all payments are 100% non-refundable if regis☐ I understand the following waitlist policy:	stration is canceled FOR ANY REA	SON.
1. The first time a family declines a spot (or fails to call back),	the waiting list date will be change	ed to the date of decline.
2. The second time a family declines a spot (or fails to call back		-
3. Any family wishing to be placed back on the waiting list mu	ust submit a new application and fo	ee.
Children are considered for admission based on the fo	ollowing priorities (Please che	ck all that apply):
1st: Current CDC (preschool) Students		
2nd: Siblings of current CDC (preschool) Students		
3rd: Siblings of current CREW (afterschool) Students . I have a current sibling enrolled at CREW (afterschool)		
4th: Circle C Residents (address will be verified)	Yes	
5th: Non-Circle C Residents	Yes	
PROGRAM CHOICE: (Check preference. See Program Explanation Sheet)	Parent Signature	Date
Part-time (MWF/TTh/5 Days) 9am – 1:30pm		
Full-time (M-F) 7am – 6:15pm		
CREW (Afterschool on Elementary school campuses. Please circle one)		3 /)
Clayton Kiker Baldwin Cowan		
Desired Start Date://	OFFICE USE ONLY	
	DATE APPLICATION FEE RECEIVED	
	CHECK NO	