

St. Christopher's Children's Center
Admission Application
2010 - 2011

Applicant Information:

Full Name: _____ DOB _____
Last First Middle Nickname

Physical Address: _____
Street ZIP

Gender: M F Communicant of St. Christopher's Church: Y N
Sibling(s) Enrolled at SCCC? Y N Parent attended SCCC? Y N

Where is the applicant currently enrolled? _____

Has the applicant ever been dismissed, suspended or asked to withdraw from a program for any reason? If yes, please explain _____

Check one: VPK Only _____ VPK with Wrap Around Care _____ Full Time _____ Part Time _____

Hours of Care: From _____ To _____ Days in Care: M T W Th F

Note: SCCC operating hours are from 7:30 a.m. - 5:30 p.m. VPK Program Hours are from 9:00 a.m. -12:00 p.m. M – F.
VPK wrap around care is available before 9 a.m. and after 12 p.m.

Family Information:

Mother's / Guardian's Name: _____

Contact Phone: _____ Email: _____

Father's / Guardian's Name: _____

Contact Phone: _____ Email: _____

Are parents divorced? _____ If yes, who has legal custody? _____

Address of parent not living with child: _____

Who will be financially responsible for monthly tuition? _____ Phone _____

Medical Information:

Can the applicant participate in physical activities? _____

Are there any physical limitations? _____

Any speech, hearing or learning difficulties? _____ If yes, please describe:

Does the applicant require special accommodation, i.e. daily medications?

Signature of Parent or Guardian _____

Date _____

Office Use Only: Date Received _____ Date Admitted _____ Enrollment Date _____ Reg. Fee _____ Tuition _____ Discounts _____

Room Assigned _____ Notes: _____