Transportation Children's Center

REGISTRATION APPLICATION

Child's Name: _____ Sex: _____

Date of Birth: _____ Home Number: _____

Address: _____
(STREET) (CITY) (ZIP)

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Home Number: _____ Home Number: _____

Cell Number: _____ Cell Number: _____

Email address: _____ Email address: _____

Employer: _____ Employer: _____

Business Address: _____ Business Address: _____

Business Telephone: _____ Business Telephone: _____

Parents: Single: _____ Married: _____ Separated: _____ Divorced: _____

Child resides with: _____ Legal Custody: _____

Any known allergies: _____

Primary Language: _____ Other: _____

Person to contact in emergency, if parents cannot be reached:

Name: _____

Address: _____ Tel.: _____

ENROLLMENT OPTIONS: (Number of days when care is preferred) (Limited shared slots available)

____ 5 days/week

____ 2 days/week (M___ Tu___ W___ Th___ F___)

____ 3 days/week (M___ Tu___ W___ Th___ F___)

____ 4 days/week (M___ Tu___ W___ Th___ F___)

ENROLLMENT ELIGIBILITY (check all that apply)

_____ State Employee/DOT Employee

_____ Transportation Building

_____ General Public _____ Voucher

Starting Date Preferred: _____

Parent/Guardian Signature: _____

A non-refundable registration fee of $50.00 must be paid at the time the registration application is submitted. A $25 fee must be paid for siblings.

FOR OFFICE USE ONLY

DATE OF ADMISSION _____ REGISTRATION FEE _____

LETTER SENT HOME _____ REGISTRATION FEE DATE: _____

TRANSPORTATION CHILDREN'S CENTER WILL NOT DISCRIMINATE AGAINST ANY APPLICANT FOR ADMISSION BASED ON RACE, COLOR, RELIGION, CREED, OR NATIONAL ORIGIN.

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