

DATE OF ADMISSION _____

DATE PAID _____



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 MUST BE PAID AT THE TIME THE REGISTRATION APPLICATION IS SUBMITTED. A \$25 FEE MUST BE PAID FOR SIBLINGS.

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