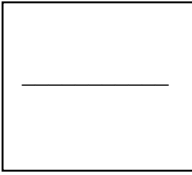


2010/2011 Enrollment Form



Student Name: _____ Birth Date: _____
 Address: _____ Gender: **Male** **Female**
 City and Zip: _____ Home Ph: _____
 Child Lives With: **Mother** **Father** **Both** **Other** _____ ** I understand that CBCA publishes an annual student directory and that I may check the box for any information I do NOT want published. PARENT INITIALS _____
 Father (First, Last) _____ Mother (First, Last) _____
 Email _____ Email _____
 Cell Phone _____ Cell Phone _____
 Employer Name _____ Employer Name _____
 Work Phone _____ Work Phone _____
 Driver's License # _____ State _____ Driver's License # _____ State _____

***Emergency Contacts – You MUST list at least one person who can be contacted in case we cannot reach the parents.**
* authorized to pick up in an emergency

*Name _____	*Name _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Employer Phone _____	Employer Phone _____
Driver's LIC # _____ State _____	Driver's LIC # _____ State _____
Relationship to Child _____	Relationship to Child _____

Does child have any allergies? Yes No To what? _____

Is English the primary language spoken at home? Yes No If not, which language? _____

Has your child attended any other preschools? Which one(s)? _____

Names and ages of all siblings: _____

Does child have any sibling(s) enrolling in CBCA for the 2010-11 school year? Yes No

Schedule Options:	DOB 9/08 - 8/09 choose	MWF	MW	WF	MF	TR	M	T	W	R	F
(please circle choice)	DOB 3/08 - 8/08 choose	TR	MW	WF	MF	MWF	M - F				

If your child was born on or before 2/28/08 you may choose from MWF TR M - F

Please List Alternate Choices: 1. _____
2. _____

