



# APPLICATION FOR ENROLLMENT

## Applicant Information

Child's Full Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth (Expected) \_\_\_\_\_

Seeking Program:  FT  PT Days: M T W TH F Start Date: \_\_\_\_\_

## Enrollment Information

Caregiver #1 Full Name \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer Name and Address \_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_

Caregiver #2 Full Name \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer Name and Address \_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_

Having submitted this form, you agree to the following terms. Along with this form, you have submitted a one-time non-refundable fee of \$225 and/or a \$2000 non-refundable deposit. You have received the CCH Enrollment Handbook and agree to immediately abide by its rules and regulations. Submission of this form does not guarantee enrollment for your child(ren). Your enrollment is accepted upon full and final payment of non-refundable deposit that will remain on file to be applied to future tuition only. In the event that enrollment is not possible, the one time non-refundable fee of \$225 will place your child on our waiting list.

Caregiver #1 Signature \_\_\_\_\_

Caregiver #2 Signature \_\_\_\_\_

CCH Representative Signature \_\_\_\_\_

For Office use only:

Tuition Rate: \_\_\_\_\_

Date received: \_\_\_\_\_

Check #(s): \_\_\_\_\_

Enrollment accepted:

Yes No WL

Date notified: \_\_\_\_\_