

PLEASE PRINT OR TYPE INFORMATION

APPLICATION  
TRITON COLLEGE CHILD DEVELOPMENT CENTER

CHILD'S NAME \_\_\_\_\_  
(LAST) (FIRST) (NICKNAME)

ADDRESS \_\_\_\_\_  
(STREET) (CITY/ZIP) (PHONE)

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_

FATHER'S ADDRESS (IF OTHER THAN CHILD'S) \_\_\_\_\_  
(STREET / CITY / ZIP)

MOTHER'S ADDRESS (IF OTHER THAN CHILD'S) \_\_\_\_\_  
(STREET / CITY / ZIP)

PARENT'S MARITAL STATUS \_\_\_\_\_

FATHER'S EMPLOYER/SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOURS \_\_\_\_\_ PHONE \_\_\_\_\_

MOTHER'S EMPLOYER/SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOURS \_\_\_\_\_ PHONE \_\_\_\_\_

OTHER MEMBERS OF HOUSEHOLD \_\_\_\_\_  
\_\_\_\_\_

IF EMERGENCY NOTIFY (OTHER THAN PARENT) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

HAS CHILD HAD PREVIOUS PRESCHOOL EXPERIENCE \_\_\_\_\_

WHERE \_\_\_\_\_  
\_\_\_\_\_

IS CHILD TOILET TRAINED \_\_\_\_\_ HOW LONG \_\_\_\_\_

WHAT WORD IS USED FOR URINATION \_\_\_\_\_ BOWEL MOVEMENT \_\_\_\_\_

DOES CHILD HAVE ANY ALLERGIES \_\_\_\_\_ IF YES, SPECIFY \_\_\_\_\_  
\_\_\_\_\_

IS CHILD NOW ON MEDICATION \_\_\_\_\_ IF YES, SPECIFY \_\_\_\_\_

PERSONS AUTHORIZED TO PICK UP CHILD (OTHER THAN PARENT) \_\_\_\_\_  
LIST FULL NAME AND RELATIONSHIP TO CHILD

\_\_\_\_\_

DOES CHILD HAVE ANY DISABILITY WE SHOULD BE AWARE OF \_\_\_\_\_

REASON FOR ENROLLMENT \_\_\_\_\_

\_\_\_\_\_

SIGNED \_\_\_\_\_ MOTHER OR LEGAL GUARDIAN  
(DATE)

SIGNED \_\_\_\_\_ FATHER OR LEGAL GUARDIAN  
(DATE)

WAITING LIST CARD

NAME \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

(STREET)

(HOME)

\_\_\_\_\_  
(CITY, ZIP)

\_\_\_\_\_  
(BUSINESS)

CHILDREN

BIRTHDATE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WANTS ATTENDANCE ON FOLLOWING DAYS:

DAYS

HOURS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APPLIED FOR \_\_\_\_\_ SEMESTER TAKEN BY \_\_\_\_\_