

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 _____

FATHER'S EMPLOYER/SCHOOL _____

ADDRESS _____

HOURS _____ PHONE _____

MOTHER'S EMPLOYER/SCHOOL _____

ADDRESS _____

HOURS _____ PHONE _____

OTHER MEMBERS OF HOUSEHOLD _____

IF EMERGENCY NOTIFY (OTHER THAN PAREN) _____

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 _____