

COMMUNITY PRESBYTERIAN CHURCH CHILD CARE CENTER
39 North Prospect, Clarendon Hills, Illinois 60514
(630) 654-4014

APPLICATION FOR ADMISSION

Child's Name _____ Birth Date _____ Sex _____

Address _____ Phone _____

School _____ Grade _____ In School Year _____

Custodial parent: Father _____ Mother _____ Joint _____

Father's/Guardian's Name _____ Address _____

Cell phone _____ Email _____

Employer's Name & Address _____

Phone _____

Mother's/Guardian's Name _____ Address _____

Cell Phone _____ Email _____

Employer's Name & Address _____

Phone _____

Child needs care: Days: M T W TH F Hours _____

I understand that my application fee (\$35.00/first child; \$25.00/second child) is non-refundable. I also understand that once my child is accepted into the program, I will need to submit a confirmation deposit to hold my child's place for the fall term. This deposit is applied to the first payment for fall care. It is non-refundable after June 30th.

Father/Guardian Date Mother/Guardian Date

PLEASE RETURN THIS FORM AND YOUR \$35.00 APPLICATION FEE (\$25.00/SECOND CHILD) TO THE COMMUNITY PRESBYTERIAN CHURCH CHILD CARE CENTER.

For office use only:

Date of application _____ Date admitted _____
\$35.00 (\$25.00) application fee received _____ Date withdrawn _____
Fall deposit received _____