CHILD ENROLLMENT FORM

Child's Name	e Birth Date	
First/Middle/Last		
Mother's Name		
Address	City	Zip
Daytime Telephone	Evening Telephone	2
Father's Name		
Address	City	Zip
Daytime Telephone	Evening Telephone	è
Family Email AddressWill be	used for billing purposes	
Hours your child will be attending th	ne Children's Center M	T
W TH F	·	
Siblings & Ages		
Do These Children Live in Your Hom	e?	
Favorite Foods	Favorite Things _	
Fears/Dislikes	Pets	
Significant adults in your child's life		
Who has cared for your child in the		
Were you happy with this care? Yes		
Why or why not		

How does your child like to spend their time and with whom?
Does your child nap at home and what is their routine?
Is your child toilet trained? When did they train?
Mother's Place of Employment
Father's Place of Employment
PLEASE CHECK THE CATEGORY WHICH APPLIES TO YOUR FAMILY BELOW:
2.5/3-YEAR-OLD CHILDCARE ONLY
X I understand that by signing this form I have agreed to pay the non-refundable deposit of \$50.00 per child per year for Child Care at St. Norbert College Children's Center. I also understand that my child is not guaranteed a space until this paperwork, along with payment, is received by the Center.
Parent Signature Check Number
4K OR 4K with CHILDCARE
X I understand that by signing this form I have agreed to pay the non-refundable deposit of \$250.00 per child for Preschool at St. Norbert College Children's Center. The \$200.00 deposit will be credited at the end of the academic school year. Failure to complete the academic school year (Sept-May) will result in the forfeiture of this \$200.00 deposit. I also understand that my child is not guaranteed a space until this paperwork, along with payment, is received by the Center.
Parent Signature Check Number